SAMHSA LOCATOR FORM

SOS providers may complete the SAMHSA Locator Form during the baseline phase to support future client outreach. Retain this data for future local reference. Download and use the Gift Card Order Form to collect gift card delivery information and enter that data in iPortal.

Locator form

Intake Date: _____

Data Collector Initials: _____

Scheduled 6-month reassessment date/time: _____

Name: _____

Nickname(s): _____

Date of Birth

Birth Month: ____

Birth Day: ____

Birth Year: _____

Current Age: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone: _____

Where were you born? _____

Current Address

What is your current address?

Street: _____

Apt./Room: _____

City: _____

State: _____

Zip code: _____

Whose name is on the mailbox? Name: _____

Relationship: _____

How long have you lived there? _____

Do you plan to move soon? Yes ☐ No ☐

If you are moving soon, do you know where? _____

Best Mailing Address

Street: _____

Apt./Room: _____

City: _____

State: _____

Zip code: _____

Telephone: _____

County: _____

Who lives here? Name: _____

Relationship: _____

Do you have another phone number where you can receive phone messages? If yes, name of the person who might answer:

Name: _____

Phone number: _____

Is there a different place to leave messages if you relapse? If yes, name and phone number:

_____

Alternate Contacts: Relatives

Do you have any relatives who usually know how to reach you if you should move or leave the program?

Mother

Full name: _____

Address: _____

Phone: _____

Cell phone: _____

E-mail address: _____

Father

Full name: _____

Address: _____

Phone: _____

Cell phone: _____

E-mail address: _____

Relative 1

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Relative 2

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Relative 3

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Relative 4

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Relative 5

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone:

Cell phone: _____

Alternate Contacts: Friends

Do you have any friends who usually know how to reach you if you should move or leave the program?

Friend 1

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Friend 2

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Friend 3

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Friend 4

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Friend 5

Full name: _____

Address: _____

Relationship: _____

E-mail address: _____

Phone: _____

Cell phone: _____

Other Contacts

Are you receiving any services at other agencies, and if so, would you provide the name of the contact person that you regularly see there?

Agency or Service Contact 1

Name: _____

Agency: _____

Address: _____

Phone: _____

Agency or Service Contact 2

Name: _____

Agency: _____

Address: _____

Phone: _____

Is there any place you go regularly to hang out or to meet with friends when you are in recovery?

Place: _____

Address or intersection: _____

Times you might be there, indicate a.m. or p.m.: _____

Friends' names or nicknames: _____

Phone: _____

Whose phone is this? _____

Phone: _____

Whose phone is this? _____

Is there any place you go regularly to hang out or to meet with friends when you relapse?

Place: _____

Address or intersection: _____

Times you might be there, indicate a.m. or p.m.: _____

Other places in the community: _____

Times you might be there, indicate a.m. or p.m.: _____

Friends' names or nicknames: _____

Phone: _____

Whose phone is this? _____

Phone: _____

Whose phone is this? _____

Internet Contacts

Do you have an e-mail address? Yes ☐ No ☐

E-mail address 1: _____

E-mail address 2: _____

E-mail address 3: _____

Do you use any social media websites? Yes ☐ No ☐

1. Facebook username:
2. Twitter username:
3. LinkedIn username:
4. WhatsApp username:
5. Tumblr username:
6. Flickr username:
7. Instagram username:
8. Other social media websites used and usernames for each site:

_____

_____

Probation, Parole, or Active Court Case

Are you on probation, parole, or do you have an active court case? Yes ☐ No ☐

If yes, agency: _____

I.D. number, Department of Probation/Corrections number, or case number: _____

Probation/parole officer's name: _____

Phone: _____

Homeless Information

If participant is experiencing homelessness or has often been homeless, obtain the following information:

Which shelters, parks, or underpasses do you tend to use? Where did you sleep last night? Identify location. _____

Which restaurant or soup kitchen do you usually go to? Where did you eat yesterday?

_____

Where do you go to buy necessities, liquor, etc.? _____

Who do you hang out with? _____

What is their name or nickname? _____

Where do you usually hang out?

Do you know any other agency workers in the area where you hang out? _____

Do you stay in different places in the summer versus winter? If yes, identify where. _____

Do you visit the library? Yes ☐ No ☐

Branch: _____

When do you usually go? Times, days, seasons, etc.: _____

Which part of the library do you usually visit? _____

Observations

Please note the following (do not ask these items, only estimate)

Approximate height:

Feet ____

Inches ____

Hair color: _____

Eye color: _____

Ethnicity: _____

(If possible, attach photo to Locator Form.)

Please note any permanent identifying physical characteristics such as scars, tattoos, or use of aids for physical limitations, such as cane, crutches, wheelchair, etc.

_____

_____

_____

If appropriate (for people experiencing homelessness, for example), establish a daily pattern of routine by determining where the participant hangs out, eats, showers, sleeps, and so on.

Table 1. Routine Tracking Table

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday