

Date: _____
Patient/Client ID: _____
Collector Initials: _____

Ohio's State Opioid and Stimulant Response (SOS) Grant Gift Card Mailing Information Form

Directions: Ask the client this information at the intake and follow-up interviews and update the locator form in the SOR/SOS iPortal app. The asterisk * shows data required in the portal.

*Client First Name: _____ *Client Last Name: _____

*Client Cell Phone Number: _____ Can we text: Yes__ No__

Alternate Number: _____

Client Email Address: _____

Mailing Address (Please indicate where the gift card will be sent to)

- Digital gift card delivered via email
- Digital gift card delivered via text message
- Physical gift card sent in the mail
- Client has declined gift card

*Mailing Address

Street: _____ City: _____

State: _____ Zip Code: _____

Second Address (Optional)

Street: _____ City: _____

State: _____ Zip Code: _____