

SAMHSA LOCATOR FORM

NOTE: Ask the client for this information at the intake interview. The asterisk * shows the required data to update on the SOR/SOS iPortal locator form online. Use the "Gift Card Mailing Information Form" to gather the follow-up gift card mailing information for the portal, available at: OhioSOSevaluation.org.

LOCATOR FORM

INTAKE DATE: _____	INTERVIEWER INITIALS: _____
SCHEDULED 6-MONTH FOLLOW-UP INTERVIEW DATE: _____ TIME: _____	

* Name: _____ Nickname(s): _____

* Date of birth:

 /

 /

 Current Age: _____

Home Phone Number: (_____) _____ - _____

Cell Phone Number: (_____) _____ - _____ Work phone: (_____) _____ - _____

Where were you born? _____

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're moving soon, do you know where? _____

* What is your 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, what is the name of the person who might answer the telephone?

Name Phone Number

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

Do you have any relatives who usually know how to reach you if you should move or leave the program? * Note: iPortal will require you to enter at least one alternate contact

Mother's full name: _____

Address: _____

Phone: (____) _____ Cell phone: (____) _____

E-mail address: _____

Father's full name: _____

Address: _____

Phone: (____) _____ Cell phone: (____) _____

E-mail address: _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Relative's full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

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

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

Full name: _____

Address: _____

Relationship: _____ E-mail address: _____

Phone: (____) _____ Cell phone: (____) _____

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?

Name: _____

Address: _____

Phone: (____) _____ Agency: _____

Name: _____

Address: _____

Phone: (____) _____ Agency: _____

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.): _____

Friend's 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 if am or pm): _____

Other Places in the community: _____

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

Friend's names or nicknames: _____

Phone: (_____) _____

Whose phone is this? _____

Phone: (_____) _____

Whose phone is this? _____

Internet Contacts

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

If yes, please list your e-mail address or addresses below:

- _____
- _____
- _____

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

If yes, please list your account usernames for any of the social media websites below:

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:

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, Case Number): _____

Probation/Parole Officer's Name: _____

Phone: (_____) _____

INTERVIEWER: IF PARTICIPANT IS EXPERIENCING HOMELESSNESS, OR HAS OFTEN BEEN HOMELESS, OBTAIN THE FOLLOWING INFORMATION:

Which shelters, parks, or underpass 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 his/her 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 vs. 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? _____

INTERVIEWER: Please note the following: (do not ask, estimate)

Approximate height: _____ feet _____ inches Hair color: _____

Eye color: _____ Ethnicity: _____

(If possible, attach photo to Locator Form)

INTERVIEWER: Please note any permanent identifying physical characteristics such as scars, tattoos, or use of aids for physical limitations, such as using a 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.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday