

# Virginia SOR Client Locator Form

Date: \_\_\_\_\_

Client GPRA ID: \_\_\_\_\_

Name of Assessor: \_\_\_\_\_

We are collecting this information to help us contact you for follow-up interviews related to the treatment evaluation program in approximately 6 months. You will receive a gift card for participating in the follow-up interviews. You will get a \$30 gift card for completing the 6-month interview. The information you provide here will ONLY be used to help us locate you to complete these interviews and to give you your gift card. It will be kept private and will not be used for any other reason.

## What is your date of birth?

Date of Birth	_____ / _____ / _____ (month) (day) (year)
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## What address, email address, and phone numbers would be best to use when we need to reach you?

Street Address (Address, Apt #, P.O. Box)		
City		
State		
Zip Code		
Phone Number	( ) _____ - _____	Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Alternate Phone Number	( ) _____ - _____	Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Work Phone Number	( ) _____ - _____	Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Email Address		
Alternate Email Address		

## Is there an address where you can receive mail other than the address above?

Address (Street, Apt#, P.O. Box)	
City	
State	
Zip Code	

## Please provide information for a family member or friend who knows how to reach you:

Full Name	
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Street Address (Address, Apt #, P.O. Box)	
City	
State	
Zip Code	
Home Phone Number	(     ) _____ - _____ Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Work Phone Number	(     ) _____ - _____ Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Mobile Phone Number	(     ) _____ - _____ Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Email Address	
Relationship	

**Please provide information for another family member or friend who knows how to reach you:**

Full Name	
Street Address (Address, Apt #, P.O. Box)	
City	
State	
Zip Code	
Home Phone Number	(     ) _____ - _____ Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Work Phone Number	(     ) _____ - _____ Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Mobile Phone Number	(     ) _____ - _____ Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Email Address	
Relationship	

**Do you have a peer recovery specialist or an AA, NA, DRA, or other self-help group sponsor or fellow that would know how to reach you?**

Full Name	
Street Address (Address, Apt #, P.O. Box)	
City	
State	
Zip Code	
Phone Number	(     ) _____ - _____ Please check this box if you do <u>not</u> want us to text this number: <input type="checkbox"/>
Email Address	
Relationship	

**Are there any other people who may know of your whereabouts, such as a doctor, caseworker, community clinic, or counselor that you see regularly?**

Full Name	
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Street Address (Address, Apt #, P.O. Box)	
City	
State	
Zip Code	
Phone Number	(     ) _____ - _____
Email Address	
Relationship	

**Are you currently on probation/parole? (check one)**

- Yes             No (if no, skip to section below that begins with "When we contact...")

**If yes, which one? (check one)**

- Probation     Parole

**When did it start?**    Month: \_\_\_\_\_    Year: \_\_\_\_\_

**When does it end?**    Month: \_\_\_\_\_    Year: \_\_\_\_\_

Name of Supervising Official	
Phone Number	(     ) _____ - _____
Email Address	

When we contact you or others who may know of your whereabouts, we will not share any information about your treatment.

**1. Is it okay to say that we are from this treatment organization?**

- Yes**, it's okay to say where you are calling from  
 **No**, please do not say where you are calling from.

**2. Is it okay to say that you are participating in "a health survey"?**

- Yes**, it's okay to say that I'm participating in a health survey.  
 **No**, please do not say that I'm participating in a health survey.

Thank you!