



California Access to Recovery Effort

(CARE 3)

Revised September 2010

HEALTH STUDY LOCATOR FORM

This form is to assist us to reach you if you are no longer in the program when it's time for your follow-up interview six months from now. The information you give us will be kept in a separate place from your answers to the interview. It will be used only to locate you for your follow-up and will not be given to anyone else. We will not tell any contact person on this form anything except that you are participating in a health study. The information is completely confidential and your privacy is protected by state and federal law. You will receive \$20 in cash or gift card for your participation in the follow-up interview.

Client ID: _____

Date: _____

First name _____ Middle name _____ Last name _____ (_____)
Maiden name

Date of birth: _____ / _____ / _____ SS#: _____ / _____ / _____
Month Day Year

Other names or nicknames: _____

Driver's license or state ID #: _____ Military ID: _____

Do you have a car? No Yes: license # _____

Where do you live now? _____
(Street address) (Apt. # or P.O. Box)

(city, state)

Who else lives there?

Full name: _____ (first, middle, last) _____ (relationship)

Full name: _____ (first, middle last) _____ (relationship)

How long have you lived there? _____ Do you plan to move anytime soon? Yes No

If yes: Do you know where to? _____

Best mailing address: _____
(street address) (Apt. # or PO Box)

(city, state)

Home phone: (_____) _____

Cell phone: (_____) _____ Can you accept text messages? Yes No

Pager: (_____) _____ Email: _____

Do you have a public MySpace, Facebook, or other internet page? No Yes:

If yes, specify which: _____

Work phone: (_____) _____
(company name)

Other phone: (_____) _____
(whose phone is this?)

Do you attend school? No Yes

If yes, name of school: _____

Address/location: _____

Best Contacts: Please list family and friends who usually know how to reach you if you should move or leave the program. Please enter all the information you know for brothers, sisters, girlfriends, boyfriends, grandparents, cousins, aunts, uncles, etc.

Mother's Name: _____

Address: _____

Phone: (_____) _____ Are you in touch? Yes No

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____
(company name)

Father's Name: _____

Address: _____

Phone: (_____) _____ Are you in touch? Yes No

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____
(company name)

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____
(company name)

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____
(company name)

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____
(company name)

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____
(company name)

Name: _____

Address: _____

Phone: (_____) _____ Relationship: _____

Cell phone: (_____) _____ Pager: (_____) _____

Email: _____

Work phone: (_____) _____
(company name)

Is there a case worker, doctor, community clinic, religious institution, or other contact that you see regularly?

Name: _____

Address: _____

Phone: (_____) _____ Agency: _____

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

Place: _____

Address or intersection: _____

Phone: (_____) _____

Times you might be there: _____

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

If yes: Probation/parole officer name: _____

Phone: (_____) _____

THANK YOU!