

State of Tennessee
Department of Mental Health and Developmental Disabilities
Division of Alcohol and Drug Abuse Services

Date _____

Agency Name _____

Interviewer Name _____

**Tennessee Access To Recovery II
GPRA Follow-Up Locator Form**

On this form we collect information that will help us reach you when it's time for your follow-up interview. The information you give us will be kept in a separate place from your answers on the interview. It will be used only to contact you for your follow-up, and it will not be given to anyone else. We will not tell anyone anything except that you are participating in a health study.

1. Please tell me your full name:

_____ (_____)
First Middle Last Maiden

2. Date of Birth: ____/____/____ 3. SS# ____-____-____

4. Other names or nicknames: _____

5. Where were you born? _____

6. How long have you lived in the local area? _____

7. Driver's License or State ID #: _____ State: _____

8. Do you have a car? (If yes) License #: _____

9. Military #: _____

10. Residence Address: _____
(Street Address) (Apt. # or P.O. Box #)

(City) (State) (Zip)

11. How long have you lived there? _____

12. Do you plan to move anytime soon? _____

Do you know where to? _____

13. Home Phone: (____) _____

14. Who else lives there?

Full Name: _____ (Relationship)

Full Name: _____ (Relationship)

15. Cell Phone: (_____) _____

16. Pager: (_____) _____

17. E-mail address: _____

18. Work Phone? (_____) _____ (Name of Company)

19. Other Phone: (_____) _____ (Whose phone is this?)

20. Do you have a message number? (_____) _____

21. Who lives there?

Full Name: _____ (Relationship)

Full Name: _____ (Relationship)

22. Address: _____ (Street Address) (Apt. # or P.O. Box #)

(City)

(State)

(Zip)

23. Best Mailing Address: _____ (Street Address) (Apt. # or P.O. Box #)

(City)

(State)

(Zip)

24. Phone: (_____) _____

25. Who lives there?

Full Name: _____

Full Name: _____

26. Best Contacts: Do you have friends or relatives who usually know how to reach you if you should move or leave the program?

(1) Full Name: _____

Address: _____

Phone: (_____) _____

Cell Phone: (_____) _____

Pager: _____

E-mail Address: _____

Work Phone? (_____) _____
(Name of Company)

(2) Full Name: _____

Address: _____

Phone: (_____) _____

Cell Phone: (_____) _____

Pager: _____

E-mail Address: _____

Work phone? (_____) _____
(Name of Company)

(3) Full Name: _____

Address: _____

Phone: (_____) _____

Cell Phone: (_____) _____

Pager: _____

E-mail Address: _____

Work Phone? (_____) _____
(Name of Company)

Now, I'd like to ask you about your family. If you don't know their addresses, just the towns would help. (Complete entire family: use extra space if necessary. Don't forget brothers, sisters, spouse, ex-spouse, girlfriend, boyfriend, baby's father/mother, grandparents, cousins, aunts, uncles, foster parents, God parents, and adult children. Include cell phone and pager numbers.)

27. Mother: _____
(Full Name: First, Middle, Last)

(Address)

Phone: (_____) _____ D.O.B. _____ In touch? _____

Other phone/contact info? (_____) _____
(Whose phone is this?)

28. Relative: _____
(Full Name: First, Middle, Last) (Relationship)

(Address)

Phone: (_____) _____ D.O.B. _____ In touch? _____

Other phone/contact info? (_____) _____
(Whose phone is this?)

29. Relative: _____
(Full Name: First, Middle, Last)

(Address)

Phone: (_____) _____ D.O.B. _____ In touch? _____

Other phone/contact info? (_____) _____
(Whose phone is this?)

30. Relative: _____
(Full Name: First, Middle, Last)

(Address)

Phone: (_____) _____ D.O.B. _____ In touch? _____

Other phone/contact info? (____) _____
(Whose phone is this?)

31. Relative: _____
(Full Name: First, Middle, Last)

(Address)

Phone: (____) _____ D.O.B. _____ In touch? _____

Other phone/contact info? _____
(Whose phone is this?)

32. Do you receive money or food stamps regularly from an agency?

_____ Yes _____ No

(If Yes) Agency _____

When is it paid? _____

Where is the check sent? _____

Where do you cash the check? _____

Case Worker: _____ File # _____

Who is your Representative Payee? _____

Address: _____

Phone: (____) _____ Agency: _____

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

Place: _____

Address or Intersection: _____

Phone: (____) _____ Phone: (____) _____

Times you might be there: _____

34. Are you on probation, parole, or have an active court case? _____Yes _____No

(If Yes) Agency _____

I.D. Number (Department of Probation/Corrections, Case Number):

Probation/Parole Officer Name: _____

Phone: (_____) _____

35. INTERVIEWER: IF RESPONDENT (R) IS HOMELESS, OR HAS OFTEN BEEN HOMELESS, GET INFORMATION ON:

Shelters, SRO hotels: which ones does R tend to use? Where did R sleep last night?

What soup kitchen, restaurant, etc. does R like to use? Where did R eat today, yesterday?

Where does R like to buy liquor or other necessities? (Store owners who give credit may know where R tends to hang out.)

Does R know any service workers in the area R usually hangs out? Get agency and names.

Does R stay in different places in the winter vs. summer? Get list.

36. INTERVIEWER: IF R IS INCARCERATED, RECORD EXPECTED RELEASE OR TRANSFER DATE AND TRANSFER DESTINATION.

Release/Transfer date: _____/_____/_____

Prison/Jail Inmate Number: _____

Destination: _____

Comments: _____

37. INTERVIEWER: PLEASE NOTE:

APPROXIMATE HEIGHT: _____' _____" HAIR COLOR: _____

EYE COLOR: _____ ETHNICITY _____ GENDER _____

38. INTERVIEWER: PLEASE NOTE ANY PERMANENT IDENTIFYING PHYSICAL CHARACTERISTICS, SUCH AS SCARS OR TATTOOS.
