

SAMHSA Mini-Locator Form

Note: Use this form when you are in the field or don't have a copy of the full locator form available. If conducting the follow-up interview, complete the corresponding "Gift Card Mailing Information Form," available at OhioSOSevaluation.org.

Name: _____	Nickname: _____
Current Address: _____	
Current Phone: _____	Cell Phone: _____
E-mail Address: _____	Other E-mail: _____
Best person to contact if we need to find you?	
Name: _____	Phone: _____
Address: _____	
Where do you hang out? _____	

If you needed to move, who would you live with?	

Is there anyone else we could contact if we needed to find you? (P/O, counselor, etc.)	

