

Maryland State Opioid Response (MD-SOR)

Client Locator Form

Name of individual conducting intake: _____

Name of provider: _____

Name of participant: _____

Address: _____

Is this address the same as your mailing address? ___ Yes ___ No

If not, what is your mailing address? _____

Is it okay for the evaluation team to send gift card incentives to this address? ___ Yes ___ No

Home phone: _____

Is it okay for the evaluation team to leave a voicemail related to your participation in this project? ___ Yes ___ No

Cell phone: _____

Is it okay for the evaluation team to leave a voicemail related to your participation in this project? ___ Yes ___ No

E-mail address: _____

Is it okay for the evaluation team to send study-related notifications regarding follow-up interviews and other study materials (e.g. electronic gift cards)? ___ Yes ___ No

If we cannot reach you, who can we contact to get in touch with you?

Contact #1 Name: _____

Contact #1 Relationship to Participant: _____

Contact #1 Home Number: _____

Contact #1 Cell Number: _____

Is it okay for the evaluation team to mention your involvement with this study? ___ Yes ___ No

Contact #2 Name: _____

Contact #2 Relationship to Participant: _____

Contact #2 Home Number: _____

Contact #2 Cell Number: _____

Is it okay for the evaluation team to mention your involvement with this study? ___ Yes ___ No

Contact #3 Name: _____

Contact #3 Relationship to Participant: _____

Contact #3 Home Number: _____

Contact #3 Cell Number: _____

Is it okay for the evaluation team to mention your involvement with this study? ___ Yes ___ No