

# MIHL LOCATOR FORM

SCREENING DATE \_\_\_\_\_  
INTERVIEWER NAME \_\_\_\_\_

MIHL ID# \_\_\_\_\_

On this form, we collect information that will help us reach you for your feedback on our services. The information you give us will be kept in a separate place from your answers to the questions we ask. It will be used only to locate you, and it will not be given to anyone else. We will only tell anybody you list below that you are participating in a health study, and this form will be shredded after you give us your feedback on our services.

Your Information: Please tell me your full name:

\_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME MAIDEN NAME  
Other names you have used/had in the past:

\_\_\_\_\_  
LAST FIRST MIDDLE NICKNAME  
Other information:  
DOB / /  
\_\_\_\_\_  
MO DAY YR SSN GENDER RACE HISPANIC Y/N

I can be reached at:

\_\_\_\_\_  
Email IM Facebook MySpace Other web contact  
My Phone(s):

\_\_\_\_\_  
NUMBER HOME/CELL MAY WE LEAVE MESSAGE?  
\_\_\_\_\_  
NUMBER HOME/CELL MAY WE LEAVE MESSAGE?

Address(es):

Current Home Address: OWNER: (INCLUDE IN CONTACTS BELOW)

\_\_\_\_\_  
STREET APT CITY STATE ZIP

Current Mailing Address: OWNER: (INCLUDE IN CONTACTS BELOW)

\_\_\_\_\_  
STREET APT CITY STATE ZIP

Previous Home Address: OWNER:

\_\_\_\_\_  
STREET APT CITY STATE ZIP

Contact Information

Please tell me about the person who knows best how to contact you:

LAST	FIRST	AGENCY/SCHOOL	RELATIONSHIP	
STREET	APT	CITY	STATE	ZIP
1 <sup>st</sup> NUMBER	HOME/CELL	2 <sup>nd</sup> NUMBER	HOME/CELL	MAY WE LEAVE MESSAGE?

Please tell me about the 2<sup>nd</sup> person who knows best how to contact you:

LAST	FIRST	AGENCY/SCHOOL	RELATIONSHIP	
STREET	APT	CITY	STATE	ZIP
1 <sup>st</sup> NUMBER	HOME/CELL	2 <sup>nd</sup> NUMBER	HOME/CELL	MAY WE LEAVE MESSAGE?

Please tell me about the 3<sup>rd</sup> person who knows how to contact you:

LAST	FIRST	AGENCY/SCHOOL	RELATIONSHIP	
STREET	APT	CITY	STATE	ZIP
1 <sup>st</sup> NUMBER	HOME/CELL	2 <sup>nd</sup> NUMBER	HOME/CELL	MAY WE LEAVE MESSAGE?

Please tell me about the 4<sup>th</sup> person who knows how to contact you:

LAST	FIRST	AGENCY/SCHOOL	RELATIONSHIP	
STREET	APT	CITY	STATE	ZIP
1 <sup>st</sup> NUMBER	HOME/CELL	2 <sup>nd</sup> NUMBER	HOME/CELL	MAY WE LEAVE MESSAGE?

You are willing to be called:

<input type="checkbox"/> Monthly	<input type="checkbox"/> Every Other Month	<input type="checkbox"/> Other, please specify:
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*Please check and/or fill-out 1 option.*

Client may be/have:



University of Missouri—Missouri Initiative for Healthy Lifestyles (MIHL)

MIHL ID \_\_\_\_\_ DATE \_\_\_\_\_

I, \_\_\_\_\_  
(Print Participant's Name)

Authorize University staff to contact the people and agencies I have provided on the Locator form to locate me for continued participation in the follow-up evaluation. The purpose of this disclosure is to enable the staff of the University to locate me to complete the follow-up interview which I have agreed to complete and for which I will be paid to complete. I also understand that the permission I grant hereby to disclose my whereabouts to the University of Missouri staff will last only so long as I am a participant in the follow-up evaluation and I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

Signature of Participant \_\_\_\_\_

Date Signed \_\_\_\_\_

Signature of Witness \_\_\_\_\_

Copy of this release for was offered to client:

\_\_\_\_ Copy was accepted by participant

\_\_\_\_ Copy was declined by participant

Participant Initials \_\_\_\_\_



Thanks for agreeing to help us improve our services.

\_\_\_\_\_ will call you:

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

You will receive a \$20 gift card for your time!

**Please contact us if your information changes.**

Missouri Initiative for Healthy Lifestyles  
5400 Arsenal  
St. Louis, MO 63139

Toll Free: (866)971-8534  
Main Office: (314)877-3399  
Cell Phone: (314) 971-8534  
Email: [MOinitiative@gmail.com](mailto:MOinitiative@gmail.com)

University of Missouri—Missouri Initiative for Healthy Lifestyles (MIHL)

MIPHL ID \_\_\_\_\_ DATE \_\_\_\_\_

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Email: [MOinitiative@gmail.com](mailto:MOinitiative@gmail.com)

**F A X**



To: Mandy Lay

**Fax number: (314) 877-6477**

(866) 971-8534 (Toll Free Phone)

(314) 877-6498 (Main phone)

From: \_\_\_\_\_

Site: \_\_\_\_\_

Fax number: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Date:

# of pages:

**Comments:**