



CONTACT INFORMATION FORM

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE: **CIF**
 VERSION: 3.0 01/31/2018

Event _____

0a) Date of Collection: / / 0b) Staff Code

Instructions: This form should be reviewed and updated with current contact information during the participant's visit and phone contact. Read the statements regarding confidentiality and verify the participant fully understands. Please answer all questions.

- 1) What is your current home address:
- a) Address line 1: _____
 - b) Address line 2: _____
 - c) City: _____ d) State:
 - e) Zip Code: -
 - f) When did you begin living here? / /
 - g) What is your current email address? _____

- 2) Have you lived at the address listed above during the past 12 months?
- No₀
- Yes₁ → **Go to Item 9**

Please list any address as well as dates of residence for all places that you have lived in the past 12 months, starting with the most recent:

- 3) List full address and zip code:
- a) Address line 1: _____
 - b) Address line 2: _____
 - c) City: _____ d) State:
 - e) Zip Code: -
 - f) Dates of residence: / / through
 - g) / /

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h) Did you live anywhere else in the last 12 months

No₀ → **Go to Item 9**

Yes₁

4) List full address and zip code:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____ d) State:

e) Zip Code: -

f) Dates of residence: / / through

g) / /

h) Did you live anywhere else in the last 12 months

No₀ → **Go to Item 9**

Yes₁

5) List full address and zip code:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____ d) State:

e) Zip Code: -

f) Dates of residence: / / through

g) / /

h) Did you live anywhere else in the last 12 months

No₀ → **Go to Item 9**

Yes₁

6) List full address and zip code:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____ d) State:

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e) Zip Code: -

f) Dates of residence: / / through

g) / /

h) Did you live anywhere else in the last 12 months?

No₀ → **Go to Item 9**

Yes₁

7) List **full** address and zip code:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____ d) State:

e) Zip Code: -

f) Dates of residence: / / through

g) / /

h) Did you live anywhere else in the last 12 months

No₀ → **Go to Item 9**

Yes₁

8) List **full** address and zip code:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____ d) State:

e) Zip Code: -

f) Dates of residence: / / through

g) / /

h) Did you live anywhere else in the last 12 months

No₀

Yes₁

9) Primary Phone Number:

() -

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10) What is the best time of day to reach you at this number?

- | | No ₀ | Yes ₁ |
|--------------|--------------------------|--------------------------|
| a. Morning | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Afternoon | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Evening | <input type="checkbox"/> | <input type="checkbox"/> |

11) Secondary Phone Number: () -

12) What is the best time of day to reach you at this number?

- | | No ₀ | Yes ₁ |
|--------------|--------------------------|--------------------------|
| a. Morning | <input type="checkbox"/> | <input type="checkbox"/> |
| b. Afternoon | <input type="checkbox"/> | <input type="checkbox"/> |
| c. Evening | <input type="checkbox"/> | <input type="checkbox"/> |

LOCAL CONTACT 1

- 13a) Title: _____
- b) First Name: _____
- c) Middle/Second Name: _____
- d) Last Name: _____
- e) Maternal Last Name: _____

14) Relationship: _____

14a) 15) Current home address of local contact:

- a) Address line 1: _____
- b) Address line 2: _____
- c) City: _____
- d) State:
- e) Zip Code: -

15) 16) Primary Phone Number: () -

16) 17) Secondary Phone Number: () -

16a) 18) Email address: _____

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LOCAL CONTACT 2

1719a) Title: _____

b) First Name: _____

c) Middle/Second Name: _____

d) Last Name: _____

e) Maternal Last Name: _____

1820) Relationship: _____

1921) Current home address of local contact:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____ d) State:

e) Zip Code: -

2022) Primary Phone Number: () -

2123) Secondary Phone Number: () -

21a24) Email address: _____

LOCAL CONTACT 3

25a) Title: _____

b) First Name: _____

c) Middle/Second Name: _____

d) Last Name: _____

e) Maternal Last Name: _____

26) Relationship: _____

27) Current home address of local contact:

a) Address line 1: _____

b) Address line 2: _____

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c) City: _____

d) State:

e) Zip Code:

-

28) Primary Phone Number:

() -

29) Secondary Phone Number:

() -

30) Email address: _____

LOCAL CONTACT 4

31a) Title: _____

b) First Name: _____

c) Middle/Second Name: _____

d) Last Name: _____

e) Maternal Last Name: _____

32) Relationship: _____

33) Current home address of local contact:

a) Address line 1: _____

b) Address line 2: _____

c) City: _____

d) State:

e) Zip Code:

-

34) Primary Phone Number:

() -

35) Secondary Phone Number:

() -

36) Email address: _____

END OF FORM