# Appendix B Contact Information Form

# GS_Logo_Final_hires.jpgCONTACT INFORMATION FORM

OMB Control No.: 1205-0482

Expiration Date: 09/30/2014

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| **FOR COUNSELOR USE ONLY:**  STUDY ID #: | | | | | | | | | | *Please print clearly. Use blue or black ink only.* |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICANT INFORMATION** | | | | | | | | |
| **1. Name:** |  |  | | | | | **2. Social Security Number—Last 4 Digits only:** | |
|  |  |  | | | | | | | | | | | |
| First Name | Middle Initial | Last Name | | | | |  | |
| **CONTACT INFORMATION ‑ RELATIVES AND FRIENDS** | | | | | | | | |
| **INSTRUCTIONS:** In the space below, please provide the name, address, email address, and phone number(s) of three close relatives or friends who **do not live with you** but who are likely to know how to contact you in the next year. We will only contact these people if we cannot reach you directly. Please complete all three sections. | | | | | | | | |
| **3. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU** | | | | | | | | |
|  | | | |  | |  | | |
| First Name | | | | Middle Initial | | Last Name | | |
|  | | | | | | | | | | | | | |
| Street Address | | | | | | | | Apt. No. |
|  | | |  | |  | | **TELEPHONE AND EMAIL:** | |
| City | | | | | |  State | | | | | | | |  Zip Code | | Home (| | | |) | | | | - | | | | |  Area Code Number | |
| **RELATIONSHIP TO APPLICANT:** **MARK ONE BELOW** | | | | | | | Cell (| | | |) | | | | - | | | | |  Area Code Number | |
| 1 □ Parent 4 □ Friend/Neighbor  2 □ Grandparent 5 □ Employer  3 □ Brother/Sister 6 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Work (| | | |) | | | | - | | | | |  Area Code Number  Email Address | |
| **4. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU** | | | | | | | | |
|  | | | |  | |  | | |
| First Name | | | | Middle Initial | | Last Name | | |
|  | | | | | | | | | | | | | |
| Street Address | | | | | | | | Apt. No. |
|  | | |  | |  | | **TELEPHONE AND EMAIL:** | |
| City | | | | | |  State | | | | | | | |  Zip Code | | Home (| | | |) | | | | - | | | | |  Area Code Number | |
| **RELATIONSHIP TO APPLICANT:** **MARK ONE BELOW** | | | | | | | Cell (| | | |) | | | | - | | | | |  Area Code Number | |
| 1 □ Parent 4 □ Friend/Neighbor  2 □ Grandparent 5 □ Employer  3 □ Brother/Sister 6 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Work (| | | |) | | | | - | | | | |  Area Code Number  Email Address | |
| **5. NAME AND ADDRESS OF A CLOSE FRIEND OR RELATIVE WHO DOES NOT LIVE WITH YOU** | | | | | | | | |
|  | | | |  | |  | | |
| First Name | | | | Middle Initial | | Last Name | | |
|  | | | | | | | | | | | | | |
| Street Address | | | | | | | | Apt. No. |
|  | | |  | |  | | **TELEPHONE AND EMAIL:** | |
| City | | | | | |  State | | | | | | | |  Zip Code | | Home (| | | |) | | | | - | | | | |  Area Code Number | |
| **RELATIONSHIP TO APPLICANT:** **MARK ONE BELOW** | | | | | | | Cell (| | | |) | | | | - | | | | |  Area Code Number | |
| 1 □ Parent 4 □ Friend/Neighbor  2 □ Grandparent 5 □ Employer  3 □ Brother/Sister 6 □ Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | Work (| | | |) | | | | - | | | | |  Area Code Number  Email Address | |