



HCHS-SOL

Additional Address – ADDE

ID NUMBER:

FORM CODE: ADDE
VERSION: 1, 10/16/2025

Contact Occasion

N A

Occurrence

ADMINISTRATIVE INFORMATION

0a. Completion Date (mm/dd/yyyy):

0b. Staff ID:

Instructions: This form is completed any time the participant provides a home address, other than their current primary home address, that has not yet been entered into CDART. A separate occurrence should be used for each participant address. Set CDART Field Status to 'Refused', 'No Response', 'Missing', etc. when applicable.

A. ADDITIONAL HOME ADDRESS:

1. Additional home address:

1a. Home Street Address 1 (Street Number and Street Name):

1b. Home Street Address 2 (Apartment or Unit):

1c. Country/Territory (Select code from list):

US=63

1c1. Specify other country: _____

1d. City: _____

1e. (If Country is USA) County: _____

1f. (If Country is USA) US State/Territory:

ENTER AS 2-LETTER POSTAL CODE

1f1. Specify other state/territory: _____

1g. (If Country is NOT USA) Out of Country State: _____

1h. Zip Code: -

2. Do you still live at this address?

0 No

1 Yes

2a. How long have you lived at this address?

Since: (mm/dd/yyyy)

2b. When did you live at this address?

2b1. From date: (mm/dd/yyyy)

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| ID NUMBER: | | | | | | | | |
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2b2. Until date:

| | | | | | | | | | |
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 (mm/dd/yyyy)

3. Have you lived at any other addresses since your last (AFU interview/site visit) on (date of last contact)?
- 0 No
- 1 Yes

If Yes, enter additional address(es) in a new occurrence of the ADDE (Additional Address) form.
If No, return to PCIE form.