

RESIDENTIAL INFORMATION - includes hospitalization and incarceration
(skip this section if there are no changes)

Date of Residential Status Change (mmddyyyy): - -

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENT

- In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage
- With one or both biological/adoptive parents
- With adult family member(s) other than parents
- Single Room Occupancy (must hold lease)

SHELTER / HOMELESS

- Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)
- Homeless (includes people living in their cars)

SUPERVISED PLACEMENT

- Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)
- Assisted Living Facility
- Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
- Licensed Community Care Facility (Board and Care)

HOSPITAL

- Acute Medical Hospital
- Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)
- State Psychiatric Hospital

RESIDENTIAL PROGRAM

- Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)
- Skilled Nursing Facility (physical)
- Skilled Nursing Facility (psychiatric)
- Long-Term Institutional Care (IMD, MHRC)

JUSTICE PLACEMENT

- Jail
- Prison
- Other
- Unknown

EDUCATION
(skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mmddyyyy)

- -

Level of education completed:

- No High School Diploma / No GED
- GED Coursework
- High School Diploma / GED
- Less than 2 years college / Some Technical / Vocational Training
- AA degree
- Technical/Vocational Degree
- 3-4 years college
- Bachelor's Degree (B.A., B.S.)
- Less than 2 years graduate school
- Master's degree (e.g., M.A., M.S.W.)
- 3-4 years graduate training
- Doctoral degree (e.g., M.D., Ph.D.)

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mmddyyyy)

- -

Indicate the new educational setting(s) (mark all that apply):

- Not in school of any kind
- High School / Adult Education
- Technical / Vocational School
- Community College / 4 year College
- Graduate School
- Other

If stopping school, did the partner complete a class and/or program? Yes No

Does one of the partner's current recovery goals include any kind of education at this time? Yes No

EMPLOYMENT

(skip this section if there are no changes)

Date of Employment Change (mmddyyyy): - -

CURRENT EMPLOYMENT		
Indicate the partner's employment status... 	AVERAGE HOURS/WEEK	HOURLY WAGE
<p>Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Transitional Employment/Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with a disability. A Sheltered Workshop usually offers sub-minimum wage work in a simulated environment. A Work Experience (Adjustment) Program within an agency provides exposure to the standard expectations and advantages of employment. An Agency-Owned Business serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.</p>	<input type="text"/> <input type="text"/>	
<p>Other Gainful/Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and/or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution).</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Check here if the partner is not employed at this time:

Does one of the partner's current recovery goals include any kind of employment at this time? Yes No

LEGAL ISSUES / DESIGNATIONS

(skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested (mmddyyyy): - -

PROBATION / PAROLE INFORMATION

Date of Probation Status Change (mmddyyyy):

- -

Indicate new probation status:

Removed From Probation Placed on Probation

Date of Parole Status Change (mmddyyyy):

- -

Indicate new parole status:

Removed From Parole Placed on Parole

CONSERVATORSHIP / PAYEE INFORMATION

Date of Conservatorship
Status Change (mmddyyyy):

- -

Indicate new conservatorship status:

Removed from conservatorship Placed on conservatorship

Date of Payee Status Change (mmddyyyy):

- -

Indicate new payee status:

Removed from payee status Placed on payee status

EMERGENCY INTERVENTION

(skip this section if there are no changes)

Date of Emergency Intervention (mmddyyyy):

- -

Indicate the type of emergency intervention:

(e.g., emergency room visit, crisis stabilization unit)

Physical Health Related Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS

Date of County Use Field #1 Change (mmddyyyy):

- -

Indicate NEW County Use Field #1

Date of County Use Field #2 Change (mmddyyyy):

- -

Indicate NEW County Use Field #2

Date of County Use Field #3 Change (mmddyyyy):

- -

Indicate NEW County Use Field #3