

FULL SERVICE PARTNERSHIP

Adult Key Event Tracking Form

FOR AGES 26-59 YEARS

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			P	AR7	ΓN	IER	SH	ΙIΡ	IN	FO	RI	MA	TI	NC										
County Number						Unique County ID (optional)																		
Partner's First Name							 artn	 er's	Last	Naı	me					•	<u> </u>							
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Date Completed (mmddyyyy) Partner's Date of Birth (mmddyyyy)																								
-	_] - [_						_			-														
CHANGE IN ADMINISTRATIVE INFORMATION																								
				(skip	th.	is se	ction	if th	nere	are	no c	han	ges)										
Is the partner CURRENTLY involved in:																								
				YES		NO		Date of AB2034 change (mmddyyyy):																
		AB	2034	0		0			_] -			_ -												
YES NO Da								Date of Governor's Homeless Initiative (GHI) change (mmddyyyy)																
Governor's Homeless Initiative (GHI)																								
• •						NEW Provider Site ID																		
Date of Provider Site ID Change (mmddyyyy):							NE	NEW Provider Site ID																
Date of Full Service Partnership																								
Program ID Change (mmddyyyy):								NEW Full Service Partnership Program ID																
-	-																							
Date of Partner	rship Ser	vice Co	oordin	 ator II	D						_													
Change (mmddyyyy):							NEW Partnership Service Coordinator ID																	
-	-																							
Date of Partner	-L ∵shin Stat	us Ch	ange (—— mmda	dvv	w).	∟ Ir	dica	ate n	ew i	nartı	ners	hin	stat	116.									
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							C	Se co	rvice mmu	Part nity s	ners servi	hip a ces /	nd/o	ſ		O	Fu	II Se	ervice unity	Par	tner	rship		
(indicate reason below) If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or community services / program,																								
indicate the reason	•	•																		-	_			
O Target popul						_																		
O Partner decid	ded to dis	continu	ue Full	Service.	ce F	Partne	ership	par	ticipa	ation	afte	er pa	rtne	ship	o es	ablis	she	d.						

- O Partner moved to another county/service area.
- O After repeated attempts to contact partner, partner cannot be located.
- O Community services/program interrupted Partner's circumstances reflect a need for residential/institutional mental health services at this time (such as IMD, MHRC, State Hospital).
- O Community services/program interrupted Partner will be serving jail/prison sentence.
- O Partner has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.
- O Partner is deceased.

ADULT KET 6/2/06

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

Date of Residential Status Change (mmddyy	уу):	-						
Indicate the new residential status (mark on	e):							
GENERAL LIVING ARRANGEMENT		RESIDENTIAL P	ROGRAM					
O In an apartment or house alone / with spous dependents / roommate - must hold lease or	e / partner / minor children / of r share in rent / mortgage	ther O Licensed	Residential Trea	atment (includes cris	sis, short-term,			
O With one or both biological/adoptive parents		long-term, s	ubstance abuse, dual	diagnosis residential p				
O With adult family member(s) other than pare	ents	-	ursing Facility (p	• •				
O Single Room Occupancy (must hold lease)		_	ursing Facility (p					
SHELTER / HOMELESS		O Long-Ter	m Institutional C	are (IMD, MHRC	;)			
 Emergency Shelter / Temporary Housing (inc paying no rent) 	cludes people living with friends but	JUSTICE PLAC	EMENT					
O Homeless (includes people living in their cars)		O Jail						
SUPERVISED PLACEMENT		O Prison						
 Unlicensed but supervised individual placem personal care attendants, etc.) 	nent (includes paid caretakers,	O Other						
O Assisted Living Facility	Assisted Living Facility O Unknown							
O Unlicensed but supervised congregate place sober living homes)	ement (includes group living homes,							
O Licensed Community Care Facility (Board a	nd Care)							
HOSPITAL								
O Acute Medical Hospital								
O Acute Psychiatric Hospital / Psychiatric Hea	Ilth Facility (PHF)							
O State Psychiatric Hospital								
	EDUCATION	١						
(skip this	section if there are		s)					
GRADE LEVEL INFORMATION								
Date of Grade Level Completion (mmddyy	yy)							
Level of education completed:								
O No High School Diploma / No GED	O AA degree		O Less than	2 years grad	luate school			
O GED Coursework	O Technical/Vocationa	al Degree	O Master's	degree (e.g.,	M.A., M.S.W.)			
O High School Diploma / GED	O 3-4 years college	· ·		graduate trai	•			
O Less than 2 years college /	O Bachelor's Degree (BA BS)	•	degree (e.g., l	· ·			
Some Technical / Vocational Training	C Dadington of Dog. of (,,	O 2 00101011	, and a second s	,,			
TOUGHTIONAL OFTTING INFORMATIO								
EDUCATIONAL SETTING INFORMATIO								
Date of Educational Setting Change (mmddyy	yy) <u>Indicate the new</u>	educational s	etting(s) (ma	rk all that ap	<u>pply):</u>			
	O Not in school of	f any kind	O Commu	nity College /	4 year College			
	O High School / A	dult Education	O Graduat	e School				
	O Technical / Voc		O Other					
			0 0 11101					
If stopping school, did the partner complete a	class and/or program	? O Yes O	No					
Does one of the partner's current recovery go	oals include anv kind o	f education at	this time?	O Yes	O 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				
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.		\$				
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.		\$				
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.		\$				
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.		\$				
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.						
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).		\$				

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? O Yes O 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:								
	O Removed From Probation O Placed on Probation								
Date of Parole Status Change (mmddyyyy):	Indicate new parole status:								
	O Removed From Parole O Placed on Parole								
CONSERVATORSHIP / PAYEE INFORMATIO	N								
Date of Conservatorship Status Change (mmddyyyy):	Indicate new conservatorship status:								
	O Removed from conservatorship O Placed on conservatorship								
Date of Payee Status Change (mmddyyyy):	Indicate new payee status:								
	O Removed from payee status O Placed on payee status								
	CY INTERVENTION on if there are no changes)								
Date of Emergency Intervention (mmddyyyy): Ind	icate the type of emergency intervention:								
<u> </u>	g., emergency room visit, crisis stabilization unit)								
OF	Physical Health Related O Mental Health / Substance Abuse Related								
COUNTY	JSE 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								