

TAY KET 6/2/06

Transition Age Youth Key Event Tracking Form

		FO	R AGI	<u>ES 1</u>	6-25	<u>YEA</u>	<u> </u>									
	F	PARTN	IERS	HIP	INFO	RN	IAI		N							
County Number CS	I County Client I	Number		Un	ique Co	unty l	D (o	ption	al)							
Youth's First Name			Yout	∟∟ h's La	ast Nam	<u></u>						<u> </u>				
													\Box	П	T	1
Date Completed (mmc	ddyyyy)	Yo	outh's Da	te of	Birth (m	mddy	/ yyy)	<u> </u>								
	CHANGE		DMIN						RM	ΑTI	ON					
Is the youth CURRE	ENTLY involve			<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	noro aro	770 0	ran g	00)								
,	AB2034	YES	NO [Date o	of AB203	34 cha	ange] -	(mm	ddyy	ууу):						
Governor's Homeless	s Initiative (GHI)		O [of Gover] -									y):
		VEC.		Date o	f Transi	tion A	\ge \	outh	Pro	gram	chan	ge (r	nmdo	lyyyy)	:	
Transition Age	Youth Program	_	ο [<u></u>		-									
Date of Provider Sit	te ID Change (m	mddyyyy)):			NE	EW P	rovio	ler S	ite ID)					
-	-															
Date of Full Service	Partnership Pro	ogram ID	Change	(mmc	ldyyyy):	NE	WF	ull Se	rvic	e Par	tners	hip P	rogra	am ID		
-] - 🔲 🗆															
Date of Partnership	Service Coordi	L nator ID 0	Change (mmd	dvvvv):	L_ NE	W P	artne	rshi	n Ser	vice (Coord	dinate	or ID		
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Date of Partnership	Status Change	(mmddyy	yy):	Indi	cate nev	v part	ners	hip s	tatu	<u>s:</u>						
-	-			5	Discontinu Service Pa community Indicate re	artners / servi	ship a ces /	nd/or		ull (Servi	ce Par	t of tnershi ices / p		
If there is a DISCONTII		RUPTION	N of Full	,			,	d/or	com	muni	ty ser	vices	/ pro	gram	,	
indicate the reason (m O Target population	•	net														
O Youth decided to a	aiscontinue Full S	service Pa	ırtnership	partio	cipation a	atter p	artne	ership	esta	ablish	ed.					

- O Youth moved to another county/service area.
- O After repeated attempts to contact youth, s/he cannot be located.
- O Community services/program interrupted -Youth'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 Youth will be serving jail/prison sentence.
- O Youth has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.
- O Youth is deceased.

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):					Ш	L					
GENERAL LIVING ARRANGEMENT O With one or both biological/adoptive parents					R	ESID					I 0-11)
O With adult family member(s) other than parents - non-foster care						O Group Home (Level 12-14)					
O In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage					ge	O Community Treatment Facility					
O Single Room Occupancy (must hold lease)					0	Licensed Residential Treatment (includes crisis, short-terr long-term, substance abuse, dual diagnosis residential programs)					
O Foster Home (with relative) O Foster Home (with non-relative)						0	Skil	led N	ursin	g Fac	ility (physical)
SHELTER / HOMELESS						0	Skil	led N	ursin	g Fac	ility (psychiatric)
 Emergency Shelter / Temporary Housing (includes peo paying no rent) 	ple livii	ng with	friends	but		0		•			onal Care (IMD, MHRC)
O Homeless (includes people living in their cars)					J	USTI	CE F	PLAC	EME	NT	
SUPERVISED PLACEMENT						0	Juv	enile/	Hall	/ Can	np / Ranch
 Unlicensed but supervised individual placement (incline personal care attendants, etc.) 	udes pa	aid care	takers	,		0	Cal	liforni	a You	uth Ai	uthority
 Unlicensed but supervised congregate placement (ir sober living homes) 	cludes	group	living h	nomes,		0	Jai	I			
O Licensed Community Care Facility (Board and Care)					0	Pris	son			
HOSPITAL O Acute Medical Hospital					(O Ot	her				
A suita Daughiatuia Haanital / Daughiatuia Haalith Faail	: (D				(O Ur	nknov	wn			

O Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)

O State Psychiatric Hospital

EDUCATION (skip this section if there are no changes)

GRADE LEVEL	INFORMATION					
Date of Grade Le	evel Completion (mmd	dyyyy)				
-	- 🗌					
Level of education	on completed:					
O Day Care	O 6th Grade					
O Pre-School	O 7th Grade	O Less than 2 years college / O Master's degree (e.g., M.A., M.				
O Kindergarten	O 8th Grade	Some Technical / Vocational Training O 3-4 years graduate training				
O 1st Grade	O 9th Grade	O AA degree O Doctoral degree (e.g., M.D., Ph.				
O 2nd Grade	O 10th Grade					
O 3rd Grade	O 11th Grade	1th Grade O 3-4 years college (e.g., youth in non-public school)				
O 4th Grade	O 12th Grade	O Bachelor's Degree (B.A., B.S.)				
O 5th Grade	O GED Coursework					
SUSPENSION I	NFORMATION Property of the second sec	EXPULSION INFOR	<u>MATION</u>			
Date of Suspens	sion (mmddyyyy)	Date of Expulsion (n	nmddyyyy)			
		1	_			
FOR YOUTH WHO A	ARE <u>NOT</u> REQUIRED B	Y LAW TO ATTEND SCHOOL:				
EDUCATIONAL	SETTING INFORMA	ATION				
	onal Setting Change (n		ational setting(s) (mark all that apply)			
		O Not in school of any				
		O High School / Adult				
		O Technical / Vocation				
		O Community College	/ 4 year College			
		O Graduate School				
		O Other				
If stopping school	ol, did the youth compl	ete a class and/or program? O Yes C) No			

Does one of the youth's current recovery goals include any kind of education at this time?

O No

O Yes

EMPLOYMENT

(Skip this section if there are no changes)							
Date of Employment Change (mmddyyyy):							
CURRENT EMPLOYMENT							
Indicate the youth'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 youth'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 youth is not employed at this time:							

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

LEGAL ISSUES / DESIGNATIONS

(omp and deduction	n ii there are no changes)
ARREST INFORMATION	
Date Youth 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	<u>N</u>
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
DEPENDENT (W & I CODE 300 STATUS) INF	FORMATION CONTRACTOR OF THE PROPERTY OF THE PR
Date of W & I Code 300 Status Change (mmddyyyy):	Indicate new W&I Code 300 status:
	O Removed From O Placed on W & I Code 300 Status W & I Code 300 Status
	CY INTERVENTION on if there are no changes)
	icate the type of emergency intervention:
	g., emergency room visit, crisis stabilization unit)
	Physical Health Related O Mental Health / Substance Abuse Relate
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