

FULL SERVICE PARTNERSHIP
Child / Youth Key Event Tracking Form
FOR AGES 0-15 YEARS

CHILD KET
5/1/07

Exhibit M1

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Date Completed (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

CHANGE IN ADMINISTRATIVE INFORMATION (Skip this section if there are no changes)

PARTNERSHIP STATUS

Date of Provider Number Change (mm/dd/yyyy):
/ NPI

NEW Provider Number:
/ NPI

Date of Full Service Partnership Program ID Change
(mm/dd/yyyy):

NEW Full Service Partnership Program ID:

Date of Partnership Service Coordinator Change
(mm/dd/yyyy):

NEW Partnership Service Coordinator ID:

Date of Partnership Status Change (mm/dd/yyyy):

Indicate NEW partnership status:

- ☐ Discontinuation / Interruption of Full Service Partnership and / or community services / program (indicate reason below)
- ☐ Reestablishment of Full Service Partnership and / or community services / program

If there is a DISCONTINUATION / INTERRUPTION of Full Service Partnership and / or community services / program, indicate the reason (mark one):

- ☐ Target population criteria are not met.
- ☐ Partner decided to discontinue Full Service Partnership participation after partnership established.
- ☐ Partner moved to another county / service area.
- ☐ After repeated attempts to contact partner, s/he cannot be located.
- ☐ Community services / program interrupted – Partner's circumstances reflect a need for residential / institutional mental health services at this time (such as State Hospital).
- ☐ Community services / program interrupted – Partner will be placed in JUVENILE HALL / CAMP / RANCH.
- ☐ Community services / program interrupted – Partner will be placed in DIVISION of JUVENILE JUSTICE.
- ☐ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- ☐ Partner is deceased.

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

Date of Residential Status Change (mm/dd/yyyy):

SETTING

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENT

With one or both biological / adoptive parents ☐

With adult family member(s) other than parents – non-foster care ☐

In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage ☐

Foster Home (with relative) ☐

Foster Home (with non-relative) ☐

SHELTER / HOMELESS

Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent) ☐

Homeless (includes people living in their cars) ☐

HOSPITAL

Acute Medical Hospital ☐

Acute Psychiatric Hospital / Psychiatric Health Facility (PHF) ☐

State Psychiatric Hospital ☐

RESIDENTIAL PROGRAM

Group Home (Level 0-11) ☐

Group Home (Level 12-14) ☐

Community Treatment Facility ☐

Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs) ☐

JUSTICE PLACEMENT

Juvenile Hall / Camp / Ranch ☐

Division of Juvenile Justice ☐

OTHER

Other ☐

Unknown ☐

EDUCATION (Skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mm/dd/yyyy):

Level of education completed:

- ☐ Day Care ☐ 5th Grade ☐ 12th Grade
☐ Pre-School ☐ 6th Grade ☐ GED Coursework
☐ Kindergarten ☐ 7th Grade ☐ High School Diploma / GED
☐ 1st Grade ☐ 8th Grade ☐ Some College / Some Technical or Vocational Training
☐ 2nd Grade ☐ 9th Grade ☐ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
☐ 3rd Grade ☐ 10th Grade ☐ Level Unknown (e.g., child / youth in non-public school)
☐ 4th Grade ☐ 11th Grade

SUSPENSION INFORMATION

Date of Suspension (mm/dd/yyyy):

EXPULSION INFORMATION

Date of Expulsion (mm/dd/yyyy):

EMPLOYMENT (Skip this section if there are no changes)

Date of Employment Change (mm/dd/yyyy):

CURRENT EMPLOYMENT

If there are any changes to the partner's employment, indicate ALL new and ongoing statuses including those previously reported.

**AVERAGE
HOURS per
WEEK****AVERAGE
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.)

\$

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 (mm/dd/yyyy):

PROBATION INFORMATION

Date of Probation Status Change (mm/dd/yyyy):

Indicate new probation status:

- ☐ Removed from Probation
- ☐ Placed on Probation

PAROLE INFORMATION

Date of Division of Juvenile Justice Parole Status Change (mm/dd/yyyy):

Indicate new Division of Juvenile Justice parole status:

- ☐ Removed from Division of Juvenile Justice Parole
- ☐ Placed on Division of Juvenile Justice Parole

CONSERVATORSHIP INFORMATION

Date of Conservatorship Status Change (mm/dd/yyyy):

Indicate new conservatorship status:

- ☐ Removed from conservatorship
- ☐ Placed on conservatorship

PAYEE INFORMATION

Date of Payee Status Change (mm/dd/yyyy):

Indicate new payee status:

- ☐ Removed from payee status
- ☐ Placed on payee status

DEPENDENT (W & I CODE 300 STATUS) INFORMATION

Date of W & I Code 300 Status Change (mm/dd/yyyy):

Indicate new W & I Code 300 status:

- ☐ Removed from W & I Code 300 status
- ☐ Placed on W & I Code 300 status

EMERGENCY INTERVENTION (Skip this section if there are no changes)

Date of Emergency Intervention (mm/dd/yyyy):

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 (Skip this section if there are no changes)

COUNTY USE QUESTIONS	DATE of CHANGE (mm/dd/yyyy)	NEW VALUE
County Use Field # 1	<input type="text"/>	<input type="text"/>
County Use Field # 2	<input type="text"/>	<input type="text"/>
County Use Field # 3	<input type="text"/>	<input type="text"/>