

FULL SERVICE PARTNERSHIP
Adult Key Event Tracking Form
FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Partner's First Name	Partner's Last Name	
<input type="text"/>	<input type="text"/>	
Date Completed (mmddyyyy)	Partner's Date of Birth (mmddyyyy)	
<input type="text"/>	<input type="text"/>	

CHANGE IN ADMINISTRATIVE INFORMATION

(skip this section if there are no changes)

Is the partner CURRENTLY involved in:

YES NO

AB2034 ☐ ☐

Date of AB2034 change (mmddyyyy):

- -

YES NO

Governor's Homeless Initiative (GHI) ☐ ☐

Date of Governor's Homeless Initiative (GHI) change (mmddyyyy):

- -

Date of Provider Site ID Change (mmddyyyy):

- -

NEW Provider Site ID

Date of Full Service Partnership
Program ID Change (mmddyyyy):

- -

NEW Full Service Partnership Program ID

Date of Partnership Service Coordinator ID
Change (mmddyyyy):

- -

NEW Partnership Service Coordinator ID

Date of Partnership Status Change (mmddyyyy):

- -

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, partner cannot be located.
- ☐ 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).
- ☐ Community services/program interrupted - Partner will be serving jail/prison sentence.
- ☐ 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 (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:

- | | | |
|-------------------------------------------------------------------------------------------|------------------------------------------------------|------------------------------------------------------------|
| <input type="radio"/> No High School Diploma / No GED | <input type="radio"/> AA degree | <input type="radio"/> Less than 2 years graduate school |
| <input type="radio"/> GED Coursework | <input type="radio"/> Technical/Vocational Degree | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.) |
| <input type="radio"/> High School Diploma / GED | <input type="radio"/> 3-4 years college | <input type="radio"/> 3-4 years graduate training |
| <input type="radio"/> Less than 2 years college /
Some Technical / Vocational Training | <input type="radio"/> Bachelor's Degree (B.A., B.S.) | <input type="radio"/> 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):

- | | |
|-----------------------------------------------------|----------------------------------------------------------|
| <input type="radio"/> Not in school of any kind | <input type="radio"/> Community College / 4 year College |
| <input type="radio"/> High School / Adult Education | <input type="radio"/> Graduate School |
| <input type="radio"/> Technical / Vocational School | <input type="radio"/> Other |

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

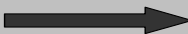
Does one of the partner's current recovery goals include any kind of education at this time? ☐ Yes ☐ No

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
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
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.	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
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.	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
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.	<input type="text"/> <input type="text"/>	
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).	<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