ADULT KET
5/1/07

FULL SERVICE PARTNERSHIP

Adult Key Event Tracking Form

FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County		*
CSI County Client Number (CCN)		
County Partner ID (optional)		
Partner's First Name		*
Partner's Last Name		*
Date Completed (mm/dd/yyyy)		*
Partner's Date of Birth (mm/dd/yyyy)		*

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 ID Change (mm/dd/yyyy):

NEW Partnership Service Coordinator ID:

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

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 an Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC), State Hospital].
- ○ Community services / program interrupted – Partner will be serving JAIL sentence.
- ○ Community services / program interrupted – Partner will be serving PRISON sentence.
- ○ Partner has successfully met his / her goals such that discontinuation of Full Service Partnership is appropriate.
- ○ Partner is deceased.

PROGRAM INFORMATION

Program Name	Date of Program Change (mm/dd/yyyy)	Currently Involved?
AB2034		○ Now enrolled in the AB2034 Program ○ No longer participating in the AB2034 Program
Governor's Homeless Initiative (GHI)		○ Now enrolled in the GHI Program ○ No longer participating in the GHI Program
MHSA Housing Program		○ Now enrolled in the MHSA Housing Program ○ No longer participating in the MHSA Housing Program

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	
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)	◯
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 [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]	◯
JUSTICE PLACEMENT	
Jail	◯
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:

- ○ No High School Diploma / No GED
- ○ GED Coursework
- ○ High School Diploma / GED
- ○ Some College / Some Technical or Vocational Training
- ○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ○ Bachelor's Degree (e.g., B.A., B.S.)
- ○ Master's Degree (e.g., M.A., M.S.)
- ○ Doctoral Degree (e.g., M.D., Ph.D.)

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mm/dd/yyyy):

If there are any educational setting changes, indicate ALL new and ongoing statuses including those previously reported.	**Setting**
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 (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

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

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		
County Use Field # 2		
County Use Field # 3		