

FULL SERVICE PARTNERSHIP
Older Adult Key Event Tracking Form
FOR AGES 60+ YEARS

OLDER ADULT KET
5/1/07

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 ID 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 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	<input type="text"/>	<input type="radio"/> Now enrolled in the AB2034 Program <input type="radio"/> No longer participating in the AB2034 Program
Governor's Homeless Initiative (GHI)	<input type="text"/>	<input type="radio"/> Now enrolled in the GHI Program <input type="radio"/> No longer participating in the GHI Program
MHSA Housing Program	<input type="text"/>	<input type="radio"/> Now enrolled in the MHSA Housing Program <input type="radio"/> No longer participating in the MHSA Housing Program

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	<input type="checkbox"/>
High School / Adult Education	<input type="checkbox"/>
Technical / Vocational School	<input type="checkbox"/>
Community College / 4 year College	<input type="checkbox"/>
Graduate School	<input type="checkbox"/>
Other	<input type="checkbox"/>

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.

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Supported Employment:

Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.

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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.

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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.

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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.)

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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	<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"/>