

**FULL SERVICE PARTNERSHIP**

**Older Adult Key Event Tracking Form**

**FOR AGES 60+ YEARS**

**PARTNERSHIP INFORMATION**

County Number

CSI County Client Number

Partner's Date of Birth (mmddyyyy)

-   -

Partner's First Name

Partner's Last Name

Is the partner CURRENTLY involved in:

AB2034 YES NO

Date of AB2034 change (mmddyyyy):

-   -

Governor's Homeless Initiative (GHI) YES NO

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

-   -

**CHANGE IN ADMINISTRATIVE INFORMATION**

*(skip this section if there are no changes)*

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 /<br>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
<p><b>Competitive Employment:</b> Paid employment in the community in a position that is also open to individuals without a disability.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p><b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p><b>Transitional Employment/Enclave:</b> 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.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p><b>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business):</b> 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.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p><b>Non-paid (Volunteer) Work Experience:</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.</p>	<input type="text"/> <input type="text"/>	
<p><b>Other Gainful/Employment Activity:</b> Any informal employment activity that increases the consumer'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).</p>	<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