

Child/Youth: 0-15 Years

Key Event Tracking (KET)

Partnership Information

* Date Completed (mm/dd/yyyy):	
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* County: _____

CSI County Client Number (CCN): _____

County Partner ID (optional): _____

* Partner's First Name: _____

* Partner's Last Name: _____

* Partner's Date of Birth (mm/dd/yyyy): _____

Changes in Administrative Information -- Skip this section if there are no changes

Date of Provider Number/ NPI change (mm/dd/yyyy):	
NEW Provider Number/NPI:	
Date of Full Service Partnership (PSP) Program ID change (mm/dd/yyyy):	
NEW Full Service Partnership (PSP) Program ID:	
Date of Partnership Service Coordinator (PSC) change (mm/dd/yyyy):	
NEW Partnership Service Coordinator (PSC) ID:	

New Partnership Status -- Skip this section if there are no changes

Date of Partnership Status Change (mm/dd/yyyy):	
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- Discontinuation** / Interruption of Full Service Partnership and/ or Community Services/ Program
- 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 (choose one):

<input type="radio"/>	Target Criteria: Target population criteria are not met
<input type="radio"/>	Partner Discontinued: Partner decided to discontinue Full Service Partnership participation after partnership established
<input type="radio"/>	Moved: Partner moved to another County/ service area
<input type="radio"/>	Not Located: After repeated attempts to contact Partner, s/he cannot be located
<input type="radio"/>	Residential / Institutional Mental Health Services :Partner’s circumstances reflect a need for Residential/ Institutional Mental Health Services at this time (such as State Hospital)
<input type="radio"/>	Juvenile Hall / Camp / Ranch : Partner will be placed in Juvenile hall/Camp/Ranch
<input type="radio"/>	Division of Juvenile Justice: Partner will be placed in a division of Juvenile Justice
<input type="radio"/>	Met Goals: Partner has successfully met their goals such that the discontinuation of Full Service Partnership is appropriate
<input type="radio"/>	Deceased: 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):	
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General Living Arrangement

- 1. With one or both biological /adoptive parents
- 2. With adult family member(s) other than parents - non-foster care
- 3. In an apartment or house alone/with spouse/partner/minor children/other dependents/roommate(must hold lease or share in rent/mortgage)
- 4. Foster Home (with relative)
- 5. Foster Home (with non-relative)

Shelter / Homeless

- 6. Emergency Shelter/Temporary Housing (includes living with friends but not paying rent)
- 7. Homeless (includes people living in their car)

Hospital

- 8. Acute Medical Hospital
- 9. Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)
- 10. State Psychiatric Hospital

Residential Program

- 11. Group Home (Level 0-11)
- 12. Group Home (Level 12-14)
- 13. Short-Term Residential Therapeutic Program (STRTP) (AB 403 Continuum of Care Reform (CCR))
- 14. Community Treatment Facility
- 15. Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)

Justice Placement

- 16. Juvenile Hall/Camp/Ranch
- 17. Division of Juvenile Justice

Other	
<input type="radio"/>	18. Other
<input type="radio"/>	19. Unknown

Education Information -- Skip this section if there are no changes

Date of Grade Level Completion (mm/dd/yyyy):	
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Highest Level of Education Completed: Choose One

- Day Care 5th Grade 12th Grade
- Preschool 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 School)
- 3rd Grade 10th Grade
- 4th Grade 11th Grade Level Unknown (e.g., child/youth in non-public school)

Suspension/Expulsion	
Suspension Information: Date of Suspension (mm/dd/yyyy):	
Expulsion Information: Date of Expulsion (mm/dd/yyyy):	

Employment Information -- Skip this section if there are no changes

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

If there are any changes to the Partner's employment status, 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: <ol style="list-style-type: none"> Open only to individuals with a disability. AND <ol style="list-style-type: none"> 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).	_____	\$_____

<input type="checkbox"/>	Unemployed: Check this box if the Partner is not employed at this time.	
<input type="radio"/> Yes	<input type="radio"/> No	Does one of the partner's current recovery goals include any kind of employment at this time?

Legal Issues / Designations -- Skip this section if there are no changes

Justice System Involvement

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

Juvenile Justice 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

Conservatorship / Payee Information:

Date of new Conservatorship status change (mm/dd/yyyy)

Indicate new Conservatorship status change:

- 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 W&I Code 300 status change:

- 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

To be tracked on the KET form:	Date of Change mm/dd/yyyy	New Value
County Use Field # 1	_____	_____
County Use Field # 2	_____	_____
County Use Field # 3	_____	_____