

**FULL SERVICE PARTNERSHIP**  
Transition Age Youth Key Event Tracking Form  
FOR AGES 16-25 YEARS

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"/>	*

**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 placed in JUVENILE HALL / CAMP / RANCH.
- Community services / program interrupted – Partner will be placed in DIVISION of JUVENILE JUSTICE.
- 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**

<b>Program Name</b>	<b>Date of Program Change (mm/dd/yyyy)</b>	<b>Currently Involved?</b>
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

**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**

With one or both biological / adoptive parents

With adult family member(s) other than parents – non-foster care

In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage

Single Room Occupancy (must hold lease)

Foster Home (with relative)

Foster Home (with non-relative)

**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)

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**

Group Home (Level 0-11)

Group Home (Level 12-14)

Community Treatment Facility

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**

Juvenile Hall / Camp / Ranch

Division of Juvenile Justice

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:

- Day Care       6th Grade       High School Diploma / GED
- Pre-School       7th Grade       Some College / Some Technical or Vocational Training
- Kindergarten       8th Grade       Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- 1st Grade       9th Grade       Bachelor's Degree (e.g., B.A., B.S.)
- 2nd Grade       10th Grade       Master's Degree (e.g., M.A., M.S.)
- 3rd Grade       11th Grade       Doctoral Degree (e.g., M.D., Ph.D.)
- 4th Grade       12th Grade       Level Unknown (e.g., youth in non-public school)
- 5th Grade       GED Coursework

**FOR YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:**

**SUSPENSION INFORMATION**

Date of Suspension (mm/dd/yyyy):

**EXPULSION INFORMATION**

Date of Expulsion (mm/dd/yyyy):

**FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:**

**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

**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**

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

**DEPENDENT (W & I CODE 300 STATUS) INFORMATION**

Date of W & I Code 300 Status Change (mm/dd/yyyy):

Indicate new W & I Code 300 status:

- 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)

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"/>