



# Data Entry Manual

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# Getting on to ImageNet

To log on to the site use the following web address:

<http://rcmhcare.org/imagenet/>

or

<http://158.61.119.200/imagenet/>

# Logging on to ImageNet

When you enter the ImageNet web site you will see this screen. Enter your username and password to enter ImageNet.

ImageNet  
Hershey Technologies

LOG-IN

ImageNet

**USER AUTHENTICATION REQUIRED!**  
Enter your user name & password.

USERNAME:

PASSWORD:

Login Now Reset

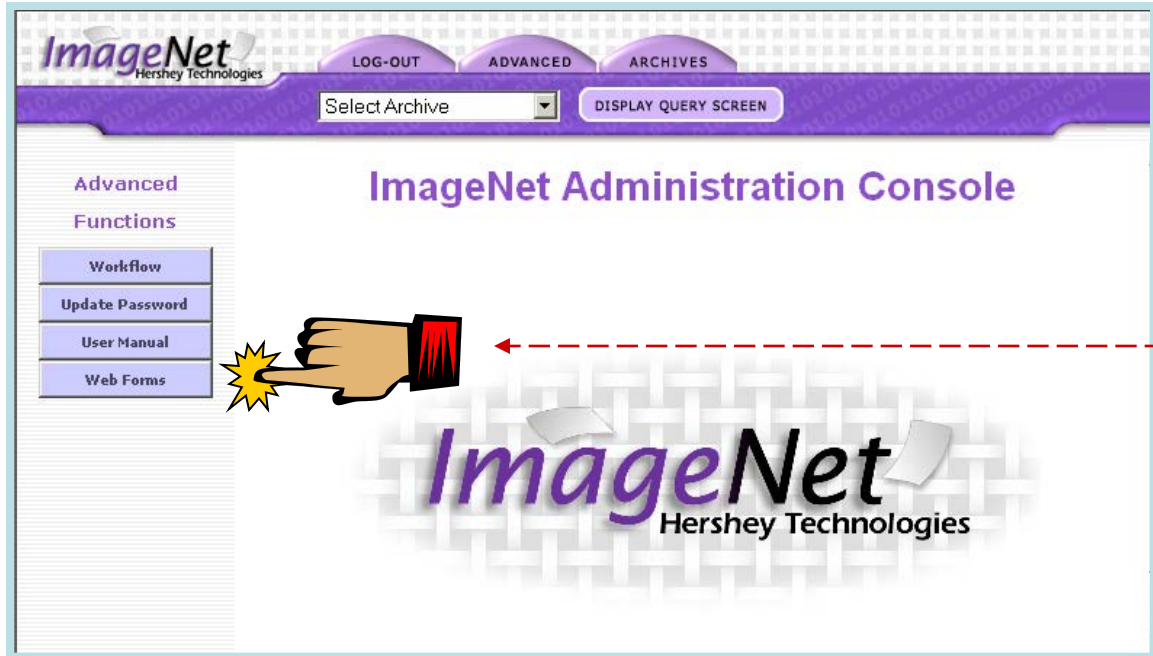
Use this link to access ImageNet:

<http://www.rcmhcare.org/imagenet/>

The link below will also take you to ImageNet:

<http://158.61.119.200/imagenet/>

# Entering Web Forms



Once you have logged on to ImageNet, select Web Forms.

# Selecting Your Program

**ImageNet**  
Hershey Technologies

LOG-OUT    ADVANCED    ARCHIVES

Select Archive    DISPLAY QUERY SCREEN

**Riverside County**

Available Web forms

Full Service Partnership Surveys

Workflow  
Update Password  
User Manual  
Web Forms

After selecting Web Forms, you will see this screen. Select the Full Service Partnership program by clicking the button, or using the drop down menu.

# Selecting Your Reporting Unit

**FULL SERVICE PARTNERSHIP**

**REPORTING UNIT**

Please select a Reporting Unit

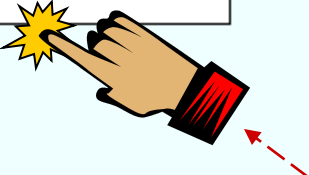
Client / Partner

Select One

Select One

33GG34 - ASOC Mid-County/Desert

33EZ34 - ASOC Western



**Click to download a blank pdf form**

<a href="#"><u>Child/Youth Partnership Assessment Form (CHILD PAF)</u></a>	<a href="#"><u>Child/Youth Quarterly Assessment Form (CHILD 3M)</u></a>	<a href="#"><u>Child/Youth Key Event Tracking Form (CHILD KET)</u></a>
<a href="#"><u>Transition Age Youth Partnership Assessment Form (TAY PAF)</u></a>	<a href="#"><u>Transition Age Youth Quarterly Assessment Form (TAY 3M)</u></a>	<a href="#"><u>Transition Age Youth Key Event Tracking Form (TAY KET)</u></a>
<a href="#"><u>Adult Partnership Assessment Form (ADULT PAF)</u></a>	<a href="#"><u>Adult Quarterly Assessment Form (ADULT 3M)</u></a>	<a href="#"><u>Adult Key Event Tracking Form (ADULT KET)</u></a>
<a href="#"><u>Older Adult Partnership Assessment Form (OLDER ADULT PAF)</u></a>	<a href="#"><u>Older Adult Quarterly Assessment Form (OLDER ADULT 3M)</u></a>	<a href="#"><u>Older Adult Key Event Tracking Form (OLDER ADULT KET)</u></a>

After selecting the Full Service Partnership program you will see this screen. Use the drop down menu to select your Reporting Unit (RU).

# Selecting a Partner

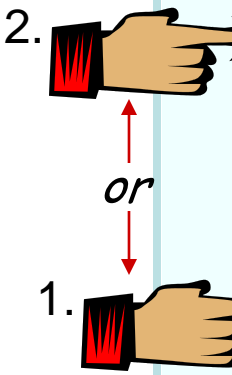
**FULL SERVICE PARTNERSHIP**

**REPORTING UNIT**

Please select a Reporting Unit 33EZ34 - ASOC Western

Client / Partner

A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	X	Y	Z
<input type="radio"/> Asample, partner	<input type="radio"/> Asample, partner	<input type="radio"/> Bsample, partner	<input type="radio"/> Bsample, partner	<input checked="" type="radio"/> Csample, partner	<input type="radio"/> Csample, partner	<input type="radio"/> Dsample, partner	<input type="radio"/> Dsample, partner	<input type="radio"/> Dsample, partner	<input type="radio"/> Esample, partner	<input type="radio"/> Esample, partner	<input type="radio"/> Esample, partner	<input type="radio"/> Gsample, partner	<input type="radio"/> Gsample, partner	<input type="radio"/> Gsample, partner	<input type="radio"/> Hsample, partner	<input type="radio"/> Hsample, partner	<input type="radio"/> Ksample, partner	<input type="radio"/> Lsample, partner	<input type="radio"/> Lsample, partner	<input type="radio"/> Lsample, partner	<input type="radio"/> Lsample, partner	<input type="radio"/> Msample, partner			



There are two ways you can select your partner.

1. Scroll through all of the names and click on the bubble by the name you want to select..
2. Limit the names to choose from by clicking one of the letters above the partner list.

**Note:** If you haven't opened an episode in ELMR for a partner, he/she won't show up on this screen. You will have to establish an open episode in ELMR and then return to ImageNet to enter FSP data for this partner. It takes at least a day after ELMR entry for the client to show up in ImageNet.



# Selecting a Partner (Cont)

**FULL SERVICE PARTNERSHIP**

**REPORTING UNIT**

Please select a Reporting Unit 33EZ34 - ASOC Western

Client / Partner

A
B
C
D
E
F
G
H
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K
L
M
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V
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X
Y
Z

Msample, partner

Msample, partner

Msample, partner

Msample, partner

Msample, partner

Msample, partner

Msample, partner

Msample, partner

Select FSP Form

<b>County Number</b>	<b>CSI County Client Number</b>	<b>Partnership Service Coord.</b>
33	[REDACTED]	4092 Evelyn Warfel
<b>Partner's Name</b>	<b>Partner's Date of Birth</b>	<b>Episode Open</b>
Msample, Partner:e	4/2/1942 (68 yrs)	06/17/2010
<b>Date FSP Enrolled</b>	<input type="text" value="12/17/2009"/>	<b>Save</b> <span style="margin-left: 20px;">Enrolled RU: 33IJFO</span>

When the letter "M" is clicked, the screen reduced the list of partners to only those with a last name beginning with "M".

Click on the bubble by the partner of interest to activate his/her FSP form button.

Scroll to the bottom of the window and you will see your partner's name, ID, Case Worker, etc.

If the client is new then enter an enrollment date (the date they signed and agreed to be an FSP client).

Click the button to enter the window where you can select FSP forms for data entry.

# Client FSP Form Selection

PARTNERSHIP INFORMATION		
Partnership Service Coord. ID	CSI County Client Number	Episode Closing Date
4071 Christy Carter		
Partner	Partner's Date of Birth	Age (TAY)
	08/05/1984	22

Partnership Assessment Form	
Partnership Date	12/14/2006
Reporting Unit	33EZ34
<input type="button" value="View PAF"/>	

Quarterly Assessments (3M)	
Date Completed	
<input type="button" value="New 3M"/>	

Key Event Tracking	
Date Completed	2/13/2007
<input type="button" value="New KET"/>	

To enter a new PAF, click here. If no PAF is entered the button reads, **New PAF**. If one is already completed, it reads **View PAF**.

To edit or view KETs you have already submitted, click on the date.

To enter a new 3M, click this button. If 3Ms were already entered, you would see them listed and would be able to click on them for editing or viewing.

To enter a new KET, click this button.

To leave this partner, and select another partner, click here.

From this screen you can enter a **PAF**, create new **3Ms** and **KETs** or view and edit any form you have already created.

# General Form Navigation

To skip around from page to page without saving, click on a **page number**.

Click on **Summary** to review data entered.

Click **Submit** to save data on each form page. When you click **Submit** you are automatically taken to the next page (or to **Summary** if you are on the last page of the form).

*Note: If you try to leave without saving changes, or try to save before making changes, a message box will appear to alert you.*

## Navigation Features are Available on All Form Pages:

- **Main:** Return to form selection window
- **Numbers:** Form pages
- **Summary:** Review data entered into form and/or print
- **Submit:** Save changes

# Entering a PAF

## PAF (Partner Assessment Form)

- A PAF must be completed for each new FSP partner enrolled. The Partnership Date must match the enrollment date entered on the previous screen. **All fields must be completed** in a PAF for the state to consider it complete. Be sure to change default settings (usually a default is a “No” or “0”) where appropriate.
- All PAFs should be entered into ImageNet within 60 days of episode opening.
  - Things to remember when completing PAF residential status
    - Click one Yesterday status and one Tonight status in their respective columns
    - For 12 month history data, enter the number of **days** the partner experienced each status. The number of days column **must add up to 365** to be valid.
  - The Education page asks you to:
    - Enter the number of **weeks** the partner experienced each education status.
    - Only click boxes in the Current column if the status is currently true for the partner. At least one must be clicked.
  - The employment page asks you to:
    - Enter the number of **weeks** the partner experienced each employment status.
    - Common Mistakes: Not entering number of weeks unemployed
- **Common data issues:** Missing required data fields, quite often the highest level of education completed, Tonight or Yesterday residential status, Recovery goal, yes or no, Health Status and Substance Abuse status. **Refer to data collection guidelines document for complete PAF guidelines.**

# PAF: Administration Page

The screenshot shows the PAF Administration Page. At the top, there are navigation buttons for Home, ImageNet, and Log Out. Below these is a 'Go to page:' section with links for Main, 1, 2, 3, 4, 5, 6, 7, 8, and Summary. The main content area is titled 'FULL SERVICE PARTNERSHIP Adult Partnership Assessment Form FOR AGES 26-59 YEARS'. It contains a table for 'PARTNERSHIP INFORMATION' with fields for County, CSI County Client Number, Partner's First Name, Partner's Last Name, Partnership Date, Partner's Date of Birth, and Age. Below the table is a dropdown menu for 'Who referred the Partner? (Select One)'. At the bottom, there is an 'ADMINISTRATIVE INFORMATION' section with fields for Provider Site ID, Full Service Partnership Program ID, and Partnership Service Coordinator ID. A 'Submit Page 1' button is located at the bottom center, and the page number 'Page 1 of 8' is displayed below it. Callouts with hand icons point to the Log Out button, the 'Main' link, the dropdown menu, and the Submit Page 1 button.

PARTNERSHIP INFORMATION		
County	CSI County Client Number	
33	[REDACTED]	
Partner's First Name	Partner's Last Name	
[REDACTED]	[REDACTED]	
Partnership Date	Partner's Date of Birth	Age
10/26/2007	4/7/1964	43

ADMINISTRATIVE INFORMATION		
Provider Site ID	Full Service Partnership Program ID	Partnership Service Coordinator ID
33HL	ISRC	4132

Select who referred the partner for FSP services

The same navigation tools are available on each ImageNet form Page: **Main** for returning to the form selection page; **Numbers** for page select; and **Summary** for data entered in the form and printing records.

Click **Submit** to save data on a form page. When you click **Submit** you are automatically taken to the next page (or to **Summary** if you are on the last page of the form).

*Note: If you try to leave without saving changes, or try to save before making changes, a message box will appear to alert you.*

**RESIDENTIAL INFORMATION**  
*(Includes hospitalization and incarceration)*

SETTING	TONIGHT	YESTERDAY (as of 11:59 the day BEFORE partnership)	DURING THE PAST 12 MONTHS Indicate the TOTAL: #Occurrences #Days (must = 365)	PRIOR TO THE LAST 12 MONTHS
<b>GENERAL LIVING ARRANGEMENT</b>				
With one or both biological/adoptive parents	<input type="checkbox"/>	<input type="checkbox"/>	8	0
With adult family member(s) other than parents - non-foster care	<input type="checkbox"/>	<input type="checkbox"/>	0	0
In an apartment or house alone / with spouses / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Single Room Occupancy (must hold lease)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Foster home (with relative)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Foster home (with non-relative)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
<b>SHELTER/HOMELESS</b>				
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Homeless (includes people living in their cars)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	12	295
<b>SUPERVISED PLACEMENT</b>				
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0	0
License Community Care Facility (Board and Care)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
<b>HOSPITAL</b>				
Acute Medical Hospital	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="checkbox"/>	<input type="checkbox"/>	9	43
State Psychiatric Hospital	<input type="checkbox"/>	<input type="checkbox"/>	0	0
<b>RESIDENTIAL PROGRAM</b>				
Group Home (Level 0-11)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Group Home (Level 12-14)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Community Treatment Facility	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Skilled Nursing Facility (physical)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Skilled Nursing Facility (psychiatric)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Long-Term Institutional Care (IMD, MHRC)	<input type="checkbox"/>	<input type="checkbox"/>	0	0
<b>JUSTICE PLACEMENT</b>				
Juvenile Hall / Camp / Ranch	<input type="checkbox"/>	<input type="checkbox"/>	0	0
California Youth Authority	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Jail	<input type="checkbox"/>	<input type="checkbox"/>	1	27
Prison	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Other	<input type="checkbox"/>	<input type="checkbox"/>	0	0
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	1	0
			Total	



**Residential Information:**

- Click **one** box in the column for **Yesterday** and **one** box in the column for **Tonight**
- For 12 month history, enter the number of times a partner experienced a residential status in the **# Occurrences** column
- In the **Total Days** column, put the number of days for each status noted.

**IMPORTANT:**  
*The number of days must equal 365 when added up in the column.*

Submit Page 2



Click **Submit** when finished to save and go to next page.

# PAF: Residential

# PAF: Education

Highest level of education completed:

Doctoral degree (e.g., M.D., Ph.D.)



Select **highest level of education**

For the educational settings below, indicate where the partner...	was During THE PAST 12 MONTH <i># of weeks</i>	is CURRENTLY <i>(mark all that apply)</i>
Not in school of any kind	<input type="text" value="0"/>	<input type="checkbox"/>
High School / Adult Education	<input type="text" value="0"/>	<input type="checkbox"/>
Technical / Vocational School	<input type="text" value="0"/>	<input type="checkbox"/>
Community College / 4 year College	<input type="text" value="0"/>	<input type="checkbox"/>
Graduate School	<input type="text" value="52"/>	<input checked="" type="checkbox"/>
Other	<input type="text" value="0"/>	<input type="checkbox"/>



Does one of the partner's current recovery goals include any kind of education at this time?

Yes  No

Submit Page

Page 1 of 8

Click **Submit** to save and go to next page.

This section must be filled out for Adult age groups.

- **# of Weeks** column: Enter the number of weeks a partner has experienced a status in the past 12 months.
- **Currently** Column: Click only the boxes that show the partner's *current* status.
- **Current Recovery Goals**: Click Yes or No.

**EMPLOYMENT**

**EMPLOYMENT DURING THE PAST 12 MONTHS**

Indicate the youth's employment status...

**Competitive Employment:**

Paid employment in a position that is also open to individuals without a disability.

# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="0"/>

**Supported Employment:**

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

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
--------------------------------	--------------------------------	-----------------------------------

**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.

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
--------------------------------	--------------------------------	-----------------------------------

**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 customer outside the agency and provides realistic work experiences and can be located at the program site or in the community.

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
--------------------------------	--------------------------------	-----------------------------------

**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.

<input type="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
--------------------------------	--------------------------------	-----------------------------------

**Other Gainful/Employment Activity:**

Any informal employment activity that increases the youth'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="text" value="0"/>	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
--------------------------------	--------------------------------	-----------------------------------

**Unemployed**

<input type="text" value="52"/>		
---------------------------------	--	--

Submit Page 4

# PAF: Past Employment

This section must be filled out for all age groups.

- **# of Weeks** column: Enter the number of weeks a partner has experienced a status in the past 12 months. Number of weeks in any one category can not exceed 52 weeks.

• **Average Hours/Week & Average Hourly Wage**

Columns: If you give weeks for a type of paid employment, you must enter the hours worked each week, and the average hourly wage.

Click **Submit** to save and go to next page.



**EMPLOYMENT**

**CURRENT EMPLOYMENT**

Indicate the youth's employment status...

	AVERAGE HOURS/WEEK	HOURLY WAGE
<b>Competitive Employment:</b> Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
<b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
<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.	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
<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 customer outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<input type="text" value="0"/>	\$ <input type="text" value="0"/>
<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.	<input type="text" value="0"/>	
<b>Other Gainful/Employment Activity:</b> Any informal employment activity that increases the youth'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="text" value="0"/>	\$ <input type="text" value="0"/>

Check here if the youth is not employed at this time:

Does one of the youth's current recovery goals include any kind of employment at this time? Yes  No

Submit Page 5

# PAF: Current Employment

This data is only required if the partner is *CURRENTLY* employed. Otherwise, leave it empty.

This data is required:

- Check the box if the partner *IS NOT* currently employed.

If employment is a recovery goal at this time indicate Yes or No.

Click **Submit** to save and turn page.



# PAF: Sources of Financial Support

ADULT PAF  
6/2/06

Go to page: [Main](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [Summary](#)

## SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the partner:

DURING THE PAST 12 MONTHS  
*mark all that apply*

CURRENTLY  
*mark all that apply*

	<u>DURING THE PAST 12 MONTHS</u> <i>mark all that apply</i>	<u>CURRENTLY</u> <i>mark all that apply</i>
Partner's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Other Family Member / Friend	<input type="checkbox"/>	<input type="checkbox"/>
Retirement / Social Security Income	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Assistance Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Loan / Credit	<input type="checkbox"/>	<input type="checkbox"/>
Housing Subsidy	<input type="checkbox"/>	<input type="checkbox"/>
General Relief / General Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplementary Security Income / Supplementary Payment (SSI/SSP) Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
State Disability Insurance	<input type="checkbox"/>	<input type="checkbox"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No Financial Support	<input type="checkbox"/>	<input type="checkbox"/>

[Clear All Values](#)

Submit Page 6

Page 6 of 8


Click all the boxes that apply to the partner for the **Past 12 Months** and **Currently** columns.

Click **Submit** to save and turn page.

# PAF: Legal Issues

**LEGAL ISSUES / DESIGNATIONS**

**JUSTICE SYSTEM INVOLVEMENT**

**ARREST INFORMATION**  
Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:    
Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS? Yes  No


**PROBATION INFORMATION**  
Is the partner CURRENTLY on probation? Yes  No   
Was the partner on probation DURING THE PAST 12 MONTHS? Yes  No   
Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS? Yes  No

**PAROLE INFORMATION**  
Was the partner on parole anytime DURING THE PAST 12 MONTHS? Yes  No   
Was the partner on parole anytime PRIOR TO THE LAST 12 MONTHS? Yes  No

**CONSERVATORSHIP / PAYEE INFORMATION**

**CONSERVATORSHIP INFORMATION**  
Is the partner CURRENTLY on conservatorship? Yes  No   
Was the partner on conservatorship DURING THE PAST 12 MONTHS? Yes  No   
Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? Yes  No

**PAYEE INFORMATION**  
Does the partner CURRENTLY have a payee? Yes  No   
Did the partner have a payee DURING THE PAST 12 MONTHS? Yes  No   
Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS? Yes  No

**DEPENDANT (W & I CODE 300 STATUS) INFORMATION**  
Is the partner CURRENTLY a dependant of the court? Yes  No   
Was the partner a dependant of the court DURING THE PAST 12 MONTHS? Yes  No   
Was the partner a dependant of the court PRIOR TO THE LAST 12 MONTHS? Yes  No   
If the partner was ever a dependant of the court, indicate the year the partner was first placed on W & I Code 300 status:  

**CUSTODY INFORMATION**  
Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status (Dependant of the Court)   
Placed in Foster Care   
Legally Reunified with client   
Adopted Out

The number of arrests defaults to zero. Enter number of occurrences only if the partner was arrested.

Click Yes for each condition that applies to the partner. ImageNet autofills to NO. You only need to click if the condition is Yes.

Custody Information refers to the Partners children. This field defaults to zero. Enter data only if it is applicable to the partner.

# PAF: Emerg/Health/ Substance Abuse

This is the last data entry page for a PAF. Review or print summary to check data entry.

ADULT PAF

Go to page: [Main](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [Summary](#)

**EMERGENCY INTERVENTION**

Please indicate the number of emergency interventions (e.g., emergency room visits, crisis stabilization unit) the you had DURING THE PAST 12 MONTHS that were:

Physical Health Related  Mental Health / Substance Abuse Related

**HEALTH STATUS**

Does the partner have a primary care physician CURRENTLY?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Did the partner have primary car physician DURING THE PAST 12 MONTHS?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

**SUBSTANCE ABUSE**

In the opinion of the partnership service coordinator, does the partner have a co-occurring mental illness and substance use problem?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Is this an active problem?	Yes <input type="radio"/>	No <input checked="" type="radio"/>
Is the partner CURRENTLY receiving substance abuse services?	Yes <input type="radio"/>	No <input checked="" type="radio"/>

Submit Page 8

Page 8 of 8

## Emergency Interventions

defaults to zero. Enter a number only when there have been emergency interventions.

## Health Status

questions must be clicked Yes or No.

**Co-occurring** must be clicked Yes or No. If Yes, then the remaining two questions must be answered.

Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.

### INDEX OF INDEPENDANT ACTIVITIES OF DAILY LIVING (ADL)

#### BATHING

- Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)
- Receives assistance in bathing only one part of the body (such as back or leg)
- Receives assistance in bathing more than one part of the body (or not bathed)

#### DRESSING

- Gets clothes and gets completely dressed without assistance
- Get clothes and gets dressed without assistance, except for assistance in tying shoes.
- Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

#### TOILETING

- Goes to 'toilet room', cleans self, and arranges clothes without assistance ( may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM)
- Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode
- Doesn't go to room termed 'toilet' for the elimination process

#### TRANSFER

- Moves in and out of bed as well as in and out of chair without assistance (may be using object for support such as cane or walker)
- Moves in and out of bed or chair with assistance
- Doesn't get out of bed

#### CONTINENCE

- Controls urination and bowel movement completely by self
- Has occasional 'accidents'
- Supervision helps keep urine or bowl control, catheter is used, or person is incontinent

#### FEEDING

- Feeds self without assistance
- Feeds self except for getting assistance in cutting meat or buttering bread
- Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

#### WALKING

- Walks on level without assistance
- Walks without assistance but uses single, straight cane
- Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)
- Walks with assistance
- Uses wheelchair only
- Not walking or using wheelchair

#### HOUSE CONFINEMENT

- Has been outside of residence on 3 or more days during the past 2 weeks
- Has been outside of residence on only 1 or 2 days during the past 2 weeks
- Has not been outside of residence in past 2 weeks

Clear All Values

Submit Page 9

# PAF: Activities of Daily Living (ADL)



Click each condition that applies to the partner.



Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.

# PAF: Instrumental Activities of Daily Living (IADLs)

Go to page: [Main](#) [1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [Summary](#)

## INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

For each area of functioning listed below, check the description that applies.

	WITHOUT HELP	WITH SOME HELP	COMPLETELY UNABLE TO DO
Can the client use the telephone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client get to places out of walking distance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client go shopping for groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client prepare his/her own meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own housework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own handyman work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own laundry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the client takes medication (or if the client had to take medication) could s/he take it on his/her own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client manage his/her own money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear All Values](#)

Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.



Submit Page 10

Page 10 of 10



Click each condition that applies to the partner.

# PAF: Summary

To obtain a copy of the completed form for your records, click on **Print**.

To return to the partner's form selection window, click **Main**. Returning to Main will allow you to enter another type of FSP form or move to another partners file.

If you find an error in the data entered, click a **page number** and you will return to the form.

Click from page to page to make corrections.

When finished with any corrections, check the **Summary** and complete your review.

ADULT PAF

FULL SERVICE PARTNERSHIP  
Adult Partnership Assessment Form Summary  
 FOR AGES 26-59 YEARS

Go to page: **Main** 1 2 3 4 5 6 7 8

PARTNERSHIP INFORMATION					
County	33	CSI County Client Number			
Partner's Name		Partner's Date of Birth	12/30/1969		
Partnership Date	11/02/2006	Age	37		
Who referred the partner? Mental Health Facility / Community Agency					
ADMINISTRATIVE INFORMATION					
Provider Site ID	Full Service Partnership Program ID	No Partnership Service Coordinator ID			
33EZ	2034	5216			
RESIDENTIAL INFORMATION					
Setting	Tonight	Yes	#Occur	#Days	12 Mos
In an apartment or house alone / with spouses / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	No	No	0	0	No
With one or both biological/adoptive parents	No	No	0	0	No
With adult family member(s) other than parents - non-foster care	No	No	0	0	No
Single Room Occupancy (must hold lease)	No	No	0	0	No



# Entering a KET

## KET (Key Event Tracking)

- KETs are for entering specific Key events or status changes. Refer to data collection guidelines for more information on KET follow-up forms.
- The KET form has a section for each kind of status change a partner can experience. The following key areas are tracked on a KET form.
  - Residential
  - Education
  - Employment
  - Legal
  - Emergency Intervention
  - Administration
- **Data is only entered where a status change has occurred.** If only a residential Key Event has occurred than only residential needs to be completed on the form.
- You can enter data for more than one key area (residential and legal) in a single KET form.
- If there is more than one change in the same Domain (i.e., two or more residential changes), a different KET will be needed for each one.
- **Common Errors:**
  - Submitting empty KET forms
  - Entering coordinator and other admin data when there hasn't been a change



# KET: Administrative

Remember to Click **Submit** to save and turn page.

ADULT KET  
6/2/06

Go to page: [Main](#) [1](#) [2](#) [3](#) [4](#) [Summary](#)

## FULL SERVICE PARTNERSHIP Adult Key Event Tracking Form FOR AGES 26-59 YEARS

\*mandatory data

PARTNERSHIP INFORMATION	
County	CSI County Client Number
33	900024000
Partner's First Name	Partner's Last Name
Age	Partner's Date of Birth
55	6/27/1952

Date Completed \*    -  -

**Date Completed:** Enter the date you created the KET. If you don't – it won't save.

### CHANGE IN ADMINISTRATIVE INFORMATION *(skip this section if there are no changes)*

Select new Reporting Unit

	Date of Change (mmddyyyy)
	mm dd yy
New Provider SiteID	<input type="button" value="Clear"/> <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>
New Full Service Partnership Program ID	<input type="button" value="Clear"/> <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>
New Partnership Service Coordinator ID	<input type="button" value="Clear"/> <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>
Date of Partnership Status Change	<input type="button" value="Clear"/> <input type="text" value=""/> - <input type="text" value=""/> - <input type="text" value=""/>

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 (select one)

Target population criteria are not met

**Administration:** Enter the date of status change and new Coordinator ID if applicable.

Click **Clear Radio Button Values** to delete saved data from clicked buttons.

**Enrollment Change:** Enter date if FSP program has changed from Mid -County to Desert or visa versa


**Discharge Date and Reasons:** Provide the Date of Partnership status change Choose the reason the partner has discontinued services.

# KET: Residential

ADULT KET  
6/2/06

Go to page: [Main](#) [1](#) [2](#) [3](#) [4](#) [Summary](#)

**RESIDENTIAL INFORMATION - includes hospitalization and incarceration**  
*(skip this section if there are no changes)*

Date of Residential Status Change \*  mm  dd  yy  

**Residential Status:**  
Enter the **date** of status change.

**Indicate the new residential status (mark one):**

**GENERAL LIVING ARRANGEMENT**

- In an apartment or house alone / with spouses / 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 - non-foster care
- Single Room Occupancy (must hold lease)

**HOSPITAL**

- Acute Medical Hospital
- Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)
- State Psychiatric Hospital

**SHELTER / HOMELESS**

- Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)
- Homeless (includes people living in their cars)

**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 (LMD, MHRC)"

**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)
- License Community Care Facility (Board and Care)

**JUSTICE PLACEMENT**

- Jail
- Prison
- Other
- Unknown



**Residential Status:**  
Choose the new residential status.

Click **Submit** to save and turn page.

# KET: Educ.



Remove All Residential Data

## EDUCATION



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

### GRADE LEVEL INFORMATION

Date of Grade Level Completion

mm dd yy  
Clear  -  -   



Level of education completed:

Select One  

Enter the **date** if level of education has changed. Select the new **Education Level**.

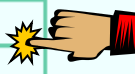
### EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change

mm dd yy  
Clear  -  -   

Indicate the new educational setting(s) (mark all that apply)

<input type="checkbox"/>	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



Enter a **date** and click an **Educational Setting** if the partner's status has changed.

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

Remove All Educational Data



Click button(s) to indicate if partner stopped school. Click Yes/No if education is a recovery goal.

Click **Submit** to save and turn page.



Submit Page 2

Page 2 of 5

# KET: Emp.

## EMPLOYMENT

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

Date of Employment Change \*  mm  dd  yy



Enter the **date** of **Employment**: status change.

If the partner is now working **hours** and receiving **wages**, record them in the boxes.

Indicate the youth's employment status...	AVERAGE HOURS/WEEK	HOURLY WAGE
<b>Competitive Employment:</b> <u>Paid employment in the community in a position that is also open to individuals without a disability.</u>	<input type="text"/>	\$ <input type="text"/>
<b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/>	\$ <input type="text"/>
<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.	<input type="text"/>	\$ <input type="text"/>
<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 customer outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<input type="text"/>	\$ <input type="text"/>
<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.	<input type="text"/>	
<b>Other Gainful/Employment Activity:</b> 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="text"/>	\$ <input type="text"/>



Check the box to indicate if the partner is newly **Unemployed**.

Check here if the youth is not employed at this time:    
 Does one of the youth's current recovery goals include any kind of employment at this time? Yes  No



Check the box to indicate new **employment recovery goal**.



Click **Submit** to save and turn page.

Remove all Employment Information



# KET: Legal/Emergency Interventions

ADULT KET  
6/2/06

Go to page: Main 1 2 3 4 Summary

## LEGAL ISSUES / DESIGNATIONS (skip this section if there are no changes)

### ARREST INFORMATION

Date Partner Arrested

mm dd yy

Clear  -  -

PROBATION

Date of Probation Status Change

mm dd yy

Clear  -  -

Select new probation status:

Select One

CONSERVATOR / PAYEE INFORMATION

Date of Conservatorship Status Change

mm dd yy

Clear  -  -

Select new conservatorship status:

Select One

Date of Payee Status Change

mm dd yy

Clear  -  -

Select new payee status:

Select One

[Remove all Legal Information](#)

## EMERGENCY INTERVENTION (skip this section if there are no changes)

Date of Emergency Intervention

mm dd yy

Clear  -  -

Select the type of Emergency Intervention (e.g. emergency room visit, crisis stabilization unit)

Select One

[Remove all Emergency Information](#)

Submit Page 5

Page 4 of 4

If the partner was arrested, Enter the **Arrest date.**

If the partner was placed/removed from probation Enter the **Probation date** and select new status.

Enter the new **Conservator/Payee date** and select new status.

Enter the new **Emergency Intervention date** and select status.

Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.

# KET: Summary

To obtain a copy of the completed form for your records, click on **Print**.

To return to the partner's form selection window, click **Main**. Returning to Main will allow you to enter another type of FSP form or move to another partners file.

ADULT KET SUMMARY

FULL SERVICE PARTNERSHIP  
Adult Key Event Form Summary  
FOR AGES 26-59 YEARS

Go to page: **Main** 1 2 3 4

County	33	CSI County Client Number	
Partner's Name		Partner's Date of Birth	12/30/1969
Date Completed	04/19/2007	Age	37

**Change IN ADMINISTRATIVE INFORMATION**

New Provider Site ID	Date of New Provider Site ID Change
New Full Service Partnership Program ID	Date of New Full Service Partnership Program ID Change
New Partnership Service Coordinator ID	Date of New Partnership Service Coordinator ID
New Partnership Status:	Date of New Partnership Status Change
Discontinuation Reason:	

**RESIDENTIAL INFORMATION**

Date of Residential Status Change	1/23/2007
New Residential Status	In an apartment or house alone / with spouses dependents / roommate - must hold lease or sh

**EDUCATION**

If you find an error in the form data, click a **page number** and you will return to the form.

You can click from page to page to make corrections.

When finished with corrections, click **Summary** and complete your review.

# Entering a 3M

## 3M (Quarterly Assessment)

- A 3M must be completed every three months for active partners, using the enrollment month and episode opening as the base for quarterly due dates. Consult the data collections guidelines for complete description and guidelines on 3M Quarterlies.
- There is a 45 day window for completing a 3M. A 3M can be submitted **15 days before a due date but must be completed by 30 days after a due date.**
- A 3M quarterly due report is available on ImageNet.
- Older Adults (age 60+) have an additional section called ADL/IADL. This is an assessment of the partner's capability to perform basic daily life functions.

# 3M: Quarterly

ADULT 3M  
6/2/06

Go to page: [Main](#) 1 2 [Summary](#)

**FULL SERVICE PARTNERSHIP  
Adult Quarterly Assessment Form  
FOR AGES 26-59 YEARS**

---

**PARTNERSHIP INFORMATION**

County	CSL County Client Number
33	6467862
Partner's First Name	Partner's Last Name
[REDACTED]	[REDACTED]
Age	Partner's Date of Birth
34	11/19/1972

Date Completed  mm dd yy  
11 27 2007

---

**SOURCES OF FINANCIAL SUPPORT**

- Partner's Wages
- Partner's Spouse / Significant Other's Wages
- Savings
- Other Family Member / Friend
- Retirement / Social Security Income
- Veteran's Assistance Benefits
- Loan / Credit
- Housing Subsidy
- General Relief / General Assistance
- Food Stamps
- Temporary Assistance for Needy Families (TANF)
- Supplementary Security Income / Supplementary Payment (SSI/SSP) Program
- Social Security Disability Insurance (SSDI)
- State Disability Insurance
- American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)
- Other
- No Financial Support

Page 1 of 2

**3M Date:**  
Must be within 15 days before and 30 days after due date.

**Source of Income**  
Click all boxes that currently apply to the partner.

Click **Submit** to save and turn page.



# 3M: Legal/Health/Substance Abuse

Go to page: [Main](#) [1](#) [2](#) [Summary](#)

## LEGAL ISSUES / DESIGNATIONS

### CUSTODY INFORMATION

Indicate the total number of children the partner has who are CURRENTLY:

Placed on W & I Code 300 Status (Dependant of the Court)	<input type="checkbox"/>
Placed in Foster Care	<input type="checkbox"/>
Legally Reunified with client	<input type="checkbox"/>
Adopted Out	<input type="checkbox"/>

## HEALTH STATUS

Does the partner have a primary case physician CURRENTLY?

Yes  No

## SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner have a co-occurring mental illness and substance user problem?

Yes  No

Is this an active problem?

Yes  No

Is the partner CURRENTLY receiving substance abuse services?

Yes  No

Submit Page 2

Page 2 of 2

Click **Submit** to save and turn page.

### Health Status

Click Yes/No for primary physician.

### Substance Abuse

Click all that apply.

**INDEX OF INDEPENDANT ACTIVITIES OF DAILY LIVING (ADL)**

**BATHING**

- Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)
- Receives assistance in bathing only one part of the body (such as back or leg)
- Receives assistance in bathing more than one part of the body (or not bathed)

**DRESSING**

- Gets clothes and gets completely dressed without assistance
- Get clothes and gets dressed without assistance, except for assistance in tying shoes.
- Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

**TOILETING**

- Goes to 'toilet room', cleans self, and arranges clothes without assistance ( may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM)
- Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode
- Doesn't go to room termed 'toilet' for the elimination process

**TRANSFER**

- Moves in and out of bed as well as in and out of chair without assistance (may be using object for support such as cane or walker)
- Moves in and out of bed or chair with assistance
- Doesn't get out of bed

**CONTINENCE**

- Controls urination and bowel movement completely by self
- Has occasional 'accidents'
- Supervision helps keep urine or bowl control, catheter is used, or person is incontinent

**FEEDING**

- Feeds self without assistance
- Feeds self except for getting assistance in cutting meat or buttering bread
- Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

**WALKING**

- Walks on level without assistance
- Walks without assistance but uses single, straight cane
- Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)
- Walks with assistance
- Uses wheelchair only
- Not walking or using wheelchair

**HOUSE CONFINEMENT**

- Has been outside of residence on 3 or more days during the past 2 weeks
- Has been outside of residence on only 1 or 2 days during the past 2 weeks
- Has never been outside of residence in past 2 weeks



Click each condition that applies to the partner.

Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.



Clear All Values

Submit Page

# 3M: Activities of Daily Living (ADL)

# 3M: Instrumental Activities of Daily Living (IADL)

Go to page: [Main](#) [1](#) [2](#) [3](#) [4](#) [Summary](#)

## INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

For each area of functioning listed below, check the description that applies.

	WITHOUT HELP	WITH SOME HELP	COMPLETELY UNABLE TO DO
Can the client use the telephone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client get to places out of walking distance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client go shopping for groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client prepare his/her own meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own housework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own handyman work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own laundry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the client takes medication (or if the client had to take medication) could s/he take it on his/her own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client manage his/her own money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

[Clear All Values](#)

Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.



Submit Page



Click each condition that applies to the partner.

# 3M: Summary

To obtain a copy of the completed form for your records, click on **Print**.

To return to the partner's form selection window, click **Main**. Returning to Main will allow you to enter another type of FSP form or move to another partners file.

If you find an error in the form data, click the **page number** and you will return to the form.

The screenshot shows a web browser window titled 'Adult Quarterly Assessment Form - Microsoft Internet Explorer provided by Me... Health Rev0406'. The address bar shows a URL from 'www.rcmhcare.org'. The main content area features the 'COUNTY OF RIVERSIDE HEALTH DEPARTMENT OF MENTAL HEALTH' logo and the title 'ADULT 3M FULL SERVICE PARTNERSHIP Adult Quarterly Form Summary FOR AGES 26-59 YEARS'. Below the title are navigation links: 'Main', '1', and '2'. The form is divided into several sections: 'PARTNERSHIP INFORMATION', 'SOURCES OF FINANCIAL SUPPORT', 'LEGAL ISSUES / DESIGNATIONS', 'CUSTODY INFORMATION', 'HEALTH STATUS', and 'SUBSTANCE ABUSE'. A hand icon points to the 'Main' link, and another hand icon points to the '2' page number. A third hand icon points to the 'Print' button in the browser's toolbar.

PARTNERSHIP INFORMATION			
County	33	CSI County Client Number	██████████
Partner's Name	██████████	Partner's Date of Birth	04/15/1955
Date Completed	04/18/2007	Age	52

SOURCES OF FINANCIAL SUPPORT			
<input checked="" type="checkbox"/>	Social Security Disability Insurance (SSDI)		

LEGAL ISSUES / DESIGNATIONS			
CUSTODY INFORMATION		Placed on W & I Code 300 Status:	0
		Placed in Foster Care:	0
		Legally Reunified with partner:	0
		Adopted out:	0

HEALTH STATUS	
Does the partner have a primary care physician currently?	Yes

SUBSTANCE ABUSE	
Does the partner have a co-occurring mental illness and substance use problem?	No
Is this an active problem?	No
Is this partner CURRENTLY receiving substance abuse services?	No

# Selecting a New Partner or Exiting

**PARTNERSHIP INFORMATION**

Partnership Service Coord. ID	CSI County Client Number	Episode Closing Date
4071 Christy Carter	[REDACTED]	
Partner	Partner's Date of Birth	Age (TAY)
[REDACTED]	08/05/1984	22

Partnership Assessment Form	
Partnership Date	12/14/2006
Reporting Unit	33EZ34

View PAF

Quarterly Assessments (3M)	
Date Completed	

New 3M

Key Event Tracking	
Date Completed	2/13/2007

New KET

Select Another Partner

**Callout 1 (top right):** Click **New 3M** or **New KET** to enter a new form for this partner. Click any **form date** to view or edit forms you have already entered.

**Callout 2 (bottom right):** Click **Select New Partner** to return to partner selection screen (select RU, etc).