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

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/
Once you have logged on to ImageNet, select 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.
After selecting the Full Service Partnership program you will see this screen. Use the drop down menu to select your Reporting Unit (RU).
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.
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.
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

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

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.*
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.**
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:
- 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.*

---

## Residential Information

<table>
<thead>
<tr>
<th>Setting</th>
<th>Tonight</th>
<th>Yesterday (as of 11/26 the day before yesterday)</th>
<th>During the Past 12 Months</th>
<th>Prior to the Last 12 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>General Living Arrangement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With one or both biological/adoptive parents</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>With adult family members other than parents - non-foster care</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In an apartment or house alone / with spouse / partner / family children / other dependents / roommates - must hold lease or share in rent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single Room Occupancy (must hold lease)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster home (with relative)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Foster home (with non-relative)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Shelter/Homeless</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Homeless (includes people living in their cars)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supervised Placement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unincorporated supervised individual placement (includes paid custodians, personal care attendants, etc.)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unincorporated supervised congregate placement (includes group living homes, sober living homes)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lawrence Community Care Facility (Board and Care)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Medical Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Acute Psychiatric Hospital / Psychiatric Health Facility (PHP)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>State Psychiatric Hospital</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Residential Programs</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Home (Level 0-1-1)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Group Home (Level 2-3-4)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Community Treatment Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility (physician)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Skilled Nursing Facility (psychiatric)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Long-Term Institutional Care (IMD, MHRC)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Justice Placement</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Juvenile Hall/Camp /Ranch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>California Youth Authority</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Jail</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Prison</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Unknowns</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click **Submit** when finished 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.

Select **highest level of education**
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 cannot 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.
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.
### Sources of Financial Support

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

<table>
<thead>
<tr>
<th>Source of Support</th>
<th>During the Past 12 Months</th>
<th>Currently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Partner’s Wage</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Partner’s Spouse / Significant Other’s Wages</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Savings</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other Family Member / Friend</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Retirement / Social Security Income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Veteran’s Assistance Benefits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loan / Credit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Housing Subsidy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>General Relief / General Assistance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Food Stamps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Temporary Assistance for Needy Families (TANF)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supplementary Security Income / Supplementary Payment (SSI/SSP) Program</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Social Security Disability Insurance (SSDI)</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>State Disability Insurance</td>
<td></td>
<td></td>
</tr>
<tr>
<td>American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No Financial Support</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

[Submit to save and turn page.]
# LEGAL ISSUE 2 / 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 V A 1 CODE 399 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 ☐]

### CUSTODY INFORMATION

Indicate the total number of children the partner has who are CURRENTLY:
- Placed on WP 61 Code 399 Status [D]
- Dependents of the County [D]
- Placed in Foster Care [D]
- Legally Reunified with Client [D]
- Adopted Out [D]

---

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

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

**TOILETING**
- Goes to toilet room, places self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheel chair and keep managing night bedpan or condom, 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 condom
- 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 bowel 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 tube 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 walks a base)
- 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

Click **Submit** to save. ImageNet will take you to the **Summary** to check your work.
## PAF: Instrumental Activities of Daily Living (IADLs)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Without Help</th>
<th>With Some Help</th>
<th>Completely Unable to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the client use the telephone?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client get to places out of walking distance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client go shopping for groceries?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client prepare his/her own meals?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client do his/her own housework?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client do his/her own handyman work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client do his/her own laundry?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the client takes medication (or if the client had to take medication) could s/he take it on his/her own?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client manage his/her own money?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click each condition that applies to the partner.

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

Click **Submit Page 10**
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.

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

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.

---

**PAF: Summary**

**Full Service Partnership**

**Adult Partnership Assessment Form Summary**

**For Ages 26-59 Years**

**Partnership Information**
- County: 33
- Partner's Name: [Name]
- Partnership Date: 11/02/2006
- CSI County Client Number: [Number]
- Partner's Date of Birth: 12/30/1969
- Age: 37
- Who referred the partner: [Referrer]
- Mental Health Facility / Community Agency: [Agency]

**Administrative Information**
- Provider Site ID: 3922
- Full Service Partnership Program ID: 2034
- No Partnership Service Coordinator ID: 7216

**Residential Information**
- Setting: [Setting details]
-Tonight: [Yes/No]
-Yest: [Yes/No]
-12 Mos: [Details]

---

Research and Evaluation, Jun 2012
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
**Research and Evaluation, Jun 2012 25**

**KET: Administrative**

---

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

**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.

---

**Remember to Click Submit to save and turn page.**
RESIDENTIAL INFORMATION - includes hospitalization and incarceration
(skip this section if there are no changes)

Date of Residential Status Change *

Residential Status:
Enter the date of status change.

Residential Status:
Choose the new residential status.

Residential Status:

Go to page: Main 1 2 3 4 Summary

Residential 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 parent - 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 (SMI, MED, MEHC)

SUPERVISED PLACEMENT
- Unlicensed but supervised individual placement (includes: paid caretaker, personal care attendant, etc.)
- Assisted Living Facility
- Unlicensed but supervisedgregate placement (includes group living homes, sober living homes)
- Licensed Community Care Facility (Board and Care)

JUSTICE PLACEMENT
- Jail
- Prison
- Other
- Unknown
Enter the date if level of education has changed. Select the new Education Level.

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

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

Remove All Residential Data

EDUCATION
(skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion

Level of education completed:

Select One

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change

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

- Not in school of any kind
- High School / Adult Education
- Technical / Vocational School
- Community College / 4 year College
- Graduate School
- 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

Remove All Educational Data

Click Submit to save and turn page.

Submit Page 2
Date of Employment Change

<table>
<thead>
<tr>
<th>Current Employment</th>
<th>Average Hours/Week</th>
<th>Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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 sandtaming or illegal activities such as prostitution).</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Check the box to indicate new employment recovery goal.

Enter the date of Employment: status change.

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

Click Submit to save and turn page.
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.
To obtain a copy of the completed form for your records, click on Print.

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.

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.
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**

**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

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

HEALTH STATUS
Does the partner have a primary care 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 use problem?
- Yes
- No
Is this an active problem?
- Yes
- No
Is the partner CURRENTLY receiving substance abuse services?
- Yes
- No

Click Submit to save and turn page.
**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 on and gets completely dressed without assistance
- Gets clothes on and dresses without assistance, except for assistance in tying shoes
- Receives assistance in getting clothes on or in getting dressed, or stays partly or completely undressed

**TOILETING**
- Goes to toilet room, cleanse self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may leverage 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 bowel 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 uses a cane)
- 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 3 weeks
- Has been outside of residence on only 1 or 2 days during the past 2 weeks
- Has been outside of residence in past 2 weeks

---

**Click Submit to save. ImageNet will take you to the Summary to check your work.**
### INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

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

<table>
<thead>
<tr>
<th>Activity</th>
<th>Without Help</th>
<th>With Some Help</th>
<th>Completely Unable to Do</th>
</tr>
</thead>
<tbody>
<tr>
<td>Can the client use the telephone?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client get to places out of walking distance?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client go shopping for groceries?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client prepare his/her own meals?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client do his/her own housework?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client do his/her own handyman work?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client do his/her own laundry?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If the client takes medication (or if the client had to take medication) could s/he take it on his/her own?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Can the client manage his/her own money?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Click each condition that applies to the partner.

Clear All Values

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

If you find an error in the form data, click the **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.

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.
Selecting a New Partner or Exiting

<table>
<thead>
<tr>
<th>Partnership Service Coord. ID</th>
<th>CSI County Client Number</th>
<th>Episode Closing Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>4071 Christy Carter</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Partner**

<table>
<thead>
<tr>
<th>Partner’s Date of Birth</th>
<th>Age (TAY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>08/05/1984</td>
<td>22</td>
</tr>
</tbody>
</table>

**Partner Assesment Form**

<table>
<thead>
<tr>
<th>Partnership Date</th>
<th>Reporting Unit</th>
</tr>
</thead>
<tbody>
<tr>
<td>12/14/2006</td>
<td>33EZ34</td>
</tr>
</tbody>
</table>

**Quarterly Assessments (3M)**

- [New 3M](#)

**Key Event Tracking**

- [New KET](#)

- [View PAF](#)

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.

Click **Select New Partner** to return to partner selection screen (select RU, etc.).