Data Entry Manual
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</tr>
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<td>33</td>
</tr>
</tbody>
</table>
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.

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.
Selecting Your Program

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).

Electronic copies of forms can be downloaded here.
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 Imagnet.
Selecting a Partner (Cont)

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.

When the letter “M” is clicked, the screen reduces 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.
From this screen you can enter a PAF, create new 3Ms and KETs or view and edit any form you have already created.
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.
**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 (# of weeks must sum to 52).
    - 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, the highest level of education completed not selected, Tonight or Yesterday residential status unchecked, Recovery goal, yes or no, Health Status and Substance Abuse status. **Refer to data collection guidelines document for complete PAF guidelines.**
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

**Setting**

- 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 dependent(s) - 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 caregivers, personal care attendants, etc.)
- Unlicensed but supervised congregate placement (includes group living homes, sober living homes)
- License Community Care Facility (Board and Care)

**Hospital**

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

**Residential Program**

- Group Home (Level 10-11)
- 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 (IMD, MHIRC)

### Important Notes

- The number of days must equal 365 when added up in the column.

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

**This section must be filled out for Child age group.**

- **Attendance and Grades:** Select the level of school attendance in the past 12 months AND Current level.
- **Suspensions and Expulsions:** Enter the # for each in text box.

**Select highest level of education**
Includes Pre-School and Day Care thru College.

**FOR YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:**
- Estimate the youth’s attendance + level DURING THE PAST 12 MONTHS:
- Estimate the youth’s attendance + level CURRENTLY:
- CURRENTLY, his/her grades are:
- DURING THE PAST 12 MONTHS, his/her grades were:
- DURING THE PAST 12 MONTHS, how many times has s/he been suspended?
- DURING THE PAST 12 MONTHS, how many times has s/he been expelled?

**FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:**
For the educational settings below, indicate where the youth...
- # of weeks
- Not in school of any kind
- High School / Adult Education
- Technical / Vocational School
- Community College / 4 year College
- Graduate School
- Other

Does one of the youth’s current recovery goals include any kind of education at this time?
- Yes or No

**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.
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.

**EMPLOYMENT DURING THE PAST 12 MONTHS**

<table>
<thead>
<tr>
<th>Indicate the youth’s employment status...</th>
<th># OF WEEKS</th>
<th>AVERAGE HOURS/WEEK</th>
<th>AVERAGE HOURLY WAGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitive Employment:</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Supported Employment:</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Transitional Employment/Enclave:</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business):</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Non-paid (Volunteer) Work Experience:</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Other Gainful/Employment Activity:</td>
<td>0</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Unemployed</td>
<td>52</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Click **Submit** to save and go to next page.
### Current Employment

#### Indicate the youth's employment status...

<table>
<thead>
<tr>
<th>Category</th>
<th>Average Hours/Week</th>
<th>Hourly Wage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Competitive Employment:</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Supported Employment:</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Transitional Employment/Enclave:</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business):</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Non-paid (Volunteer) Work Experience:</td>
<td>0</td>
<td>$0</td>
</tr>
<tr>
<td>Other Gainful/Employment Activity:</td>
<td>0</td>
<td>$0</td>
</tr>
</tbody>
</table>

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

- **Yes**  
- **No**

**Does one of the youth's current recovery goals include any kind of employment at this time?**

- **Yes**  
- **No**

---

Click **Submit** to save and turn page.
# PAF: Sources of Financial Support

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

<table>
<thead>
<tr>
<th>Source</th>
<th>During the Past 12 Months</th>
<th>Currently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Caregiver’s Wages</td>
<td>✓</td>
<td>✓</td>
</tr>
<tr>
<td>Partner’s Wages</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>Child Support</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 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.

Click **Submit** to save and turn page.
<table>
<thead>
<tr>
<th>Topic</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Custody Information</strong></td>
<td>Refers to the Partner's children. This field defaults to zero. Enter data only if it is applicable to the partner, not the partner's parent.</td>
</tr>
<tr>
<td><strong>Arrest Information</strong></td>
<td>The number of arrests defaults to zero. Enter number of occurrences only if the partner was arrested.</td>
</tr>
<tr>
<td><strong>Probation Information</strong></td>
<td>Click Yes for each condition that applies to the partner. ImageNet defaults to NO. You only need to click if the condition is Yes.</td>
</tr>
<tr>
<td><strong>PAF: Legal Issues</strong></td>
<td>Research and Evaluation, April 2012</td>
</tr>
</tbody>
</table>
This is the last data entry page for a PAF. Review or print summary to check data entry.

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

### 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 youth had DURING THE PAST 12 MONTHS that were:
- **Physical Health Related**: 3
- **Mental Health/Substance Abuse Related**: 4

#### HEALTH STATUS

- **Does the partner have a primary care physician CURRENTLY?**
  - Yes ☐  No ☐
- **Did the partner have primary care physician DURING THE PAST 12 MONTHS?**
  - 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 ☐

**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.
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.

Research and Evaluation, April 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
Remember to Click Submit to save and turn page.

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

**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.

**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.

---

**Full Service Partnership Adult Key Event Tracking Form**

*FOR AGES 26-59 YEARS*

<table>
<thead>
<tr>
<th><strong>PARTNERSHIP INFORMATION</strong></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>County</strong></td>
<td>33</td>
</tr>
<tr>
<td><strong>CSI County Client Number</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Partner’s First Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Partner’s Last Name</strong></td>
<td></td>
</tr>
<tr>
<td><strong>Age</strong></td>
<td>55</td>
</tr>
<tr>
<td><strong>Partner’s Date of Birth</strong></td>
<td>6/27/1952</td>
</tr>
</tbody>
</table>

**Date Completed:**

- Clear
- 11-11-07

**CHANGE IN ADMINISTRATIVE INFORMATION**

(skip this section if there are no changes)

- **Select new Reporting Unit:** Select One

<table>
<thead>
<tr>
<th>New Provider Site ID</th>
<th>Date of Change (mm/dd/yyyy)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Full Service Partnership Program ID</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Partnership Service Coordinator ID</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Partnership Status Change</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Clear</td>
<td></td>
</tr>
</tbody>
</table>

- **Indicate new partnership status:**
  - Discontinuation/Interuption 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/INTERUPTION of Full Service Partnership and/or community services (program, indicate the reason (select one):
  - Target population criteria are not met
Residential Status: Enter the date of status change.

Residential Status: Choose the new residential status.

Click Submit to save and turn page.
Enter the date if level of education has changed. Select the new Education Level.

Enter the date of Suspension or Expulsion.

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.

Complete ONLY if Client is at least 18 years or older.

Complete ONLY if Client is 17 years or younger.

Click Submit to save and turn page.

Research and Evaluation, April 2012
Enter the date of Employment status change. If the partner is now working hours and receiving wages, record them in the boxes.

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

Check the box to indicate new employment recovery goal.

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.

---

### ADULT KET SUMMARY

**FULL SERVICE PARTNERSHIP**

*Adult Key Event Form Summary for Ages 26-59 Years*

#### PARTNERSHIP INFORMATION

<table>
<thead>
<tr>
<th>County</th>
<th>Partner’s Name</th>
<th>CSI County Client Number</th>
<th>Partner’s Date of Birth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>33</td>
<td></td>
<td>12/30/1969</td>
</tr>
</tbody>
</table>

#### Change IN ADMINISTRATIVE INFORMATION

<table>
<thead>
<tr>
<th>New Provider Site ID</th>
<th>Date of New Provider Site ID Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Full Service Partnership Program ID</th>
<th>Date of New Full Service Partnership Program ID Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Partnership Service Coordinator ID</th>
<th>Date of New Partnership Service Coordinator ID</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>New Partnership Status</th>
<th>Date of New Partnership Status Change</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### RESIDENTIAL INFORMATION

<table>
<thead>
<tr>
<th>Date of Residential Status Change</th>
<th>1/23/2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Residential Status</td>
<td></td>
</tr>
<tr>
<td></td>
<td>In an apartment or house alone / with spouse, dependent / roommate - must hold lease or sh</td>
</tr>
</tbody>
</table>
### 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. **Exception: A partner’s first 3M cannot be completed before the initial 90 day period of partnership** (e.g., If Partner A’s partnership date was Jan 1st, 2011 a 3M would not be completed until April 1st, 2011).

- A 3M quarterly due report is available on ImageNet.
3M: Quarterly

FULL SERVICE PARTNERSHIP
Child/Youth Quarterly Assessment Form
FOR AGES 0-15 YEARS

PARTNERSHIP INFORMATION

County
CSI County Client Number
Child/Youth’s First Name
Child/Youth’s Last Name
Child/Youth’s Date of Birth
Age

Date Completed *
mm dd yy

Clear 9 16 2010

EDUCATION

Is the child youth CURRENTLY receiving special education due to serious emotional disturbance? *
○ Yes ○ No
Is the child youth CURRENTLY receiving special education due to another reason? *
○ Yes ○ No

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

Estimate the child/youth’s attendance level CURRENTLY: *
Select One
CURRENTLY, higher grades are: *
Select One

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.
**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

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LEGAL ISSUES / DESIGNATIONS

Submit Page 2
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

Click Select New Partner to return to partner selection screen (select RU, etc.) Be sure and Log out of ImageNet before closing Intranet.

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.

Select Another Partner