

Critical Events Plan

Fax Form to CE Coordinator: 303-691-7736

Directions:

- 1) The **Goal/Need** refers to the critical event the client is encountering. (Example: *housing, medical, food, substance abuse, transportation*)
- 2) The client *must* initial each task they agree to complete
- 3) The **Task** refers to the actions that the client will take in order to move closer to self-sufficiency. AT LEAST ONE task must be assigned to the client with a measurable outcome, and the payment MUST be associated with the successful/completed achievement of that task by the client.
- 4) Tasks should be specific. If the task is ongoing, break the task into smaller and attainable requests. (Example: *“client will fax the results of his weekly UA tests to 303-691-7736 by Monday morning at 10 AM.”*)
- 5) Standard **Outcomes** include: *Completed, Pending, Some Progress, Cancelled, Not Funded, Not available in area.* If the outcome is anything other than “completed” and the financial payment is still requested, the sponsor must provide an explanation in a separate letter with a new proposed target date of completion.
- 6) **Assigned to:** refers to who will be completing the task. The task must be assigned to the client if payment is being requested for that task. (Example: *“client’s name,” “sponsor’s name,” “CE coordinator’s name.”*)
- 7) As **Documented by:** refers to the documentation being used to verify that the client completed the task.
- 8) **Date Initiated:** the date the task was set; **Target Date:** the date the task is expected to be completed; **Follow-up date:** refers to when the sponsor will check with the client on progress of task completion; **Date Completed:** refers to when the task was actually completed and able to be verified as completed.
- 9) Please provide page 1 and 2 with each submission. Page 3 is “as needed.”
- 10) Remove all completed tasks each time you create a new treatment plan.
- 11) If no payment is attached to the task, there is no need to fill out the “Payment Information” section. If a payment request is being made, please provide all the necessary information to make the payment. (Example: *payee name, address, contact phone number, and account number/password if possible*). Please include payment instructions. (Example: *pick-up, mail directly, pay online, reimbursement, or pay by phone*)

Please fill out the current or continuing goals while participating in the CE program:

Short-term goals towards self-sufficiency (Example: *housing, medical, food, substance abuse, transportation*):

- 1) _____
- 2) _____
- 3) _____

Long term goals towards self-sufficiency (Example: *housing, medical, food, substance abuse, transportation*):

- 1) _____
- 2) _____
- 3) _____

By signing below, I commit to making a good faith effort to complete all treatment plan tasks assigned to me and working towards the above short term and long term goals. I understand that failing to complete tasks may result in a suspension of CE support or closure of my CE request.

Client Printed Name

Client Signature

Date

Sponsor Printed Name

Sponsor Signature

Date

Client Name: _____ Client UCI or ARIES ID: _____

Goal/Need: _____ **CLIENT INITIAL:** _____

Task: _____ **Outcome:** _____

Assigned to: _____ Documented By: _____

Date Initiated: _____ Target Date: _____ Follow-up Date: _____ Date Completed: _____

Payment Information:

Type of CE assistance Requested: _____ Payment Instructions: _____

Payee Name: _____ Payment Amount: _____

Account Number: _____ Payee Phone Number: _____

Payee Address: _____ Attn: _____

Goal/Need: _____ **CLIENT INITIAL:** _____

Task: _____ **Outcome:** _____

Assigned to: _____ Documented By: _____

Date Initiated: _____ Target Date: _____ Follow-up Date: _____ Date Completed: _____

Payment Information:

Type of CE assistance Requested: _____

Payee Name: _____ Payment Amount: _____

Account Number: _____ Payee Phone Number: _____

Payee Address: _____ Attn: _____

Goal/Need: _____ **CLIENT INITIAL:** _____

Task: _____ **Outcome:** _____

Assigned to: _____ Documented By: _____

Date Initiated: _____ Target Date: _____ Follow-up Date: _____ Date Completed: _____

Payment Information:

Type of CE assistance Requested: _____

Payee Name: _____ Payment Amount: _____

Account Number: _____ Payee Phone Number: _____

Payee Address: _____ Attn: _____

Goal/Need: _____ **CLIENT INITIAL:** _____

Task: _____ **Outcome:** _____

Assigned to: _____ Documented By: _____

Date Initiated: _____ Target Date: _____ Follow-up Date: _____ Date Completed: _____

Payment Information:

Type of CE assistance Requested: _____

Payee Name: _____ Payment Amount: _____

Account Number: _____ Payee Phone Number: _____

Payee Address: _____ Attn: _____

Client Name: _____ Client UCI or ARIES ID: _____

Goal/Need: _____ **CLIENT INITIAL:** _____

Task: _____ **Outcome:** _____

Assigned to: _____ Documented By: _____

Date Initiated: _____ Target Date: _____ Follow-up Date: _____ Date Completed: _____

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Task: _____ **Outcome:** _____

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