

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

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Partnership Date (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

Who referred the partner? (mark one)

- | | | |
|--|---|--|
| <input type="radio"/> Self | <input type="radio"/> Emergency Room | <input type="radio"/> Homeless Shelter |
| <input type="radio"/> Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent, child) | <input type="radio"/> Mental Health Facility / Community Agency | <input type="radio"/> Street Outreach |
| <input type="radio"/> Significant Other (e.g., boyfriend / girlfriend, spouse) | <input type="radio"/> Social Services Agency | <input type="radio"/> Jail / Prison |
| <input type="radio"/> Friend / Neighbor (i.e., unrelated other) | <input type="radio"/> Substance Abuse Treatment Facility / Agency | <input type="radio"/> Acute Psychiatric / State Hospital |
| <input type="radio"/> School | <input type="radio"/> Faith-based Organization | <input type="radio"/> Other |
| <input type="radio"/> Primary Care / Medical Office | <input type="radio"/> Other County / Community Agency | |

ADMINISTRATIVE INFORMATION

PARTNERSHIP STATUS

Provider Number / NPI (Optional)	<input type="text"/>
Full Service Partnership Program ID	<input type="text"/> *
Partnership Service Coordinator ID	<input type="text"/> *

PROGRAM INFORMATION

In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)

AB2034	<input type="checkbox"/>
Governor's Homeless Initiative (GHI)	<input type="checkbox"/>
MHSA Housing Program	<input type="checkbox"/>

RESIDENTIAL INFORMATION - includes hospitalization and incarceration

SETTING	TONIGHT	YESTERDAY (as of 11:59 p.m the day BEFORE partnership)	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT					
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
With one or both biological / adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
With adult family member(s) other than parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SHELTER / HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SUPERVISED PLACEMENT					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Assisted Living Facility	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
HOSPITAL					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
RESIDENTIAL PROGRAM					
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Continued)

JUSTICE PLACEMENT					
Jail	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Prison			<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
OTHER					
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

EDUCATION

Highest level of education completed:

No High School Diploma / No GED
 Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree

GED Coursework
 Bachelor's Degree (e.g., B.A., B.S.)

High School Diploma / GED
 Master's Degree (e.g., M.A., M.S.)

Some College / Some Technical or Vocational Training
 Doctoral Degree (e.g., M.D., Ph.D.)

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

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

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the partner's employment status...	# OF WEEKS	AVERAGE HOURS per WEEK	AVERAGE HOURLY WAGE
Competitive Employment:			
Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Supported Employment:			
Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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"/>	<input type="text"/>	\$ <input type="text"/>
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):			
Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers 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"/>	\$ <input type="text"/>
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"/>	<input type="text"/>	
Other Gainful / Employment Activity:			
Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Unemployed	<input type="text"/>		

CURRENT EMPLOYMENT

Indicate the partner's employment status...

**AVERAGE
HOURS per
WEEK**

**AVERAGE
HOURLY WAGE**

Competitive Employment:

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

\$

Supported Employment:

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

\$

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.

\$

Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):

Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.

\$

Non-paid (Volunteer) Work Experience:

Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.

Other Gainful / Employment Activity:

Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)

\$

The partner is not employed at this time.

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

Yes No

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)
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"/>
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
State Disability Insurance (SDI)	<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"/>

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 any kind of parole DURING THE PAST 12 MONTHS? Yes No

Was the partner on any kind of 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

CUSTODY INFORMATION

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

Placed on W & I Code 300 Status:
(Dependent of the court)

Placed in Foster Care:

Legally Reunified with partner:

Adopted out:

EMERGENCY INTERVENTION

Please indicate the number of emergency interventions (e.g., emergency room visit, crisis stabilization unit) the partner 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 No

Did the partner have a primary care physician DURING THE PAST 12 MONTHS?

Yes No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?

Yes No

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem?

Yes No

Is the partner CURRENTLY receiving substance abuse services?

Yes No

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS

VALUES

To be tracked on the **KEY EVENT TRACKING** form:

County Use Field # 1

County Use Field # 2

County Use Field # 3

To be tracked on the **QUARTERLY ASSESSMENT** form:

County Use Field # 1

County Use Field # 2

County Use Field # 3