

Full Service Partnership (FSP) 3M Form – Page 1/3

Transition Age Youth: 16-25 Years

Quarterly Assessment Form (3M)

Partnership Information

* Date Completed (mm/dd/yyyy):	
* County:	_____
CSI County Client Number (CCN):	_____
County Partner ID (optional):	_____
* Partner's First Name:	_____
* Partner's Last Name:	_____
* Partner's Date of Birth (mm/dd/yyyy):	_____

Education

Special Education/S.E.D.

Yes No Is the partner **currently** receiving special education due to serious emotional disturbance?

Special Education/Other

Yes No Is the partner **currently** receiving special education due to another reason?

For Youth, Who are Required by Law to Attend School

Attendance

Currently, estimate the partner's attendance level (excluding scheduled breaks and excused absences)	<input type="radio"/> Always attends school (never truant)	<input type="radio"/> Attends school most of the time	<input type="radio"/> Sometimes attends school	<input type="radio"/> Infrequently attends school	<input type="radio"/> Never attends school
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Grades

Currently, His/ her grades are:	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Below Average	<input type="radio"/> Poor
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Sources of Financial Support

Indicate all the sources of financial aid used to meet the needs of the partner:	Currently (mark all that apply)
1. Caregiver's Wages	<input type="checkbox"/>
2. Partner's Wages	<input type="checkbox"/>
3. Partner's Spouse/ Significant Other's Wages	<input type="checkbox"/>
4. Savings	<input type="checkbox"/>
5. Child Support	<input type="checkbox"/>
6. Other Family Member/Friend	<input type="checkbox"/>
7. Retirement/ Social Security Income	<input type="checkbox"/>
8. Veteran's Assistance Benefits	<input type="checkbox"/>
9. Loan/Credit	<input type="checkbox"/>
10. Housing Subsidy	<input type="checkbox"/>
11. General Relief/General Assistance	<input type="checkbox"/>
12. Food Stamps	<input type="checkbox"/>
13. Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>
14. Supplemental Security Income/ State Supplementary Payment (SSI/SSP) Program	<input type="checkbox"/>
15. Social Security Disability Insurance (SSDI)	<input type="checkbox"/>
16. State Disability Insurance (SDI)	<input type="checkbox"/>
17. American Indian Tribal Benefits (e.g., per capita revenue sharing, trust disbursements)	<input type="checkbox"/>
18. Other	<input type="checkbox"/>
19. No Financial Support	<input type="checkbox"/>

Legal Issues/ Designations

Custody Information	
_____	Number placed on W & I Code 300 Status: (dependent of the court)
_____	Number placed in Foster Care
_____	Number legally Reunified with partner
_____	Number Adopted Out

Health Status

<input type="radio"/> Yes	<input type="radio"/> No	Current PCP: Does the partner have a Primary Care Physician (PCP) CURRENTLY?
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Substance Abuse

<input type="radio"/> Yes	<input type="radio"/> No	Current Issue: In the opinion of the Partnership Service Coordinator (PSC), does the partner currently have an active co-occurring mental illness and substance use problem?
<input type="radio"/> Yes	<input type="radio"/> No	Current Services: Is the partner currently receiving substance abuse services?

County Use Questions

To be tracked on the 3M form:	Values
County Use Field # 1	
County Use Field # 2	
County Use Field # 3	