

## Full Service Partnership (FSP) PAF Form – Page 1/12

## Transition Age Youth: 16-25 Years

Partnership Assessment Form (PAF)

## 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:	_____
* Partnership Date (mm/dd/yyyy):	_____
* Partner's Date of Birth (mm/dd/yyyy):	_____

## Who Referred the Partner? (Choose One)

- Self
- Family Member (e.g. parent, guardian, sibling, aunt, uncle, grandparent)
- Significant Other (e.g. boyfriend / girlfriend, spouse)
- Friend / Neighbor (i.e., unrelated other)
- School
- Primary Care/Medical Office
- Emergency Room
- Mental Health Facility /Community Agency
- Social Services Agency
- Substance Abuse Treatment Facility / Agency
- Faith-based Organization
- Other County / Community Agency
- Homeless Shelter
- Street Outreach
- Juvenile Hall / Camp / Ranch / Division of Juvenile Justice
- Jail / Prison
- Acute Psychiatric / State Hospital
- Other

## Administrative Information

### Partnership Status

Provider Number/ NPI: \_\_\_\_\_

\* Full Service Partnership (PSP) Program ID: \_\_\_\_\_

\* Partnership Service Coordinator (PSC) ID: \_\_\_\_\_

### Program Information

In which additional program(s) is the Partner involved?	Currently (mark all that apply)
1. AB2034	<input type="checkbox"/>
2. Governor's Homeless Initiative (GHI)	<input type="checkbox"/>
3. MHSA Housing Program	<input type="checkbox"/>

## Residential Information – Includes Hospitalizations and Incarcerations

Residential Setting	Tonight  (Choose one)	Yesterday  As of 11:59 pm The day before partnership (Choose one)	During the past 12 months  Indicate the total # of occurrences	During the past 12 months  Indicate the total # of days (Column must = 365 days)	Prior to the last 12 months  (Mark all that apply)
<b>General Living Arrangement</b>					
1. With one or both biological /adoptive parents	<input type="radio"/>	<input checked="" type="radio"/>	_____	_____	<input type="checkbox"/>
2. With adult family member(s) other than parents - non-foster care	<input checked="" type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
3. 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="checkbox"/>
4. Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
5. Foster Home (with relative)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
6. Foster Home (with non-relative)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
<b>Shelter/Homeless</b>					
7. Emergency Shelter/Temporary Housing (includes living with friends but not paying rent)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
8. Homeless (includes living in their car)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
<b>Supervised Placement</b>					
9. Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
10. Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
11. Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>

<b>Hospital</b>					
12. Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
13. Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
14. State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
<b>Residential Program</b>					
15. Group Home (Level 0-11)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
16. Group Home (Level 12-14)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
17. Short-Term Residential Therapeutic Program (STRTP) (AB 403 Continuum of Care Reform (CCR))	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
18. Community Treatment Facility	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
19. Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
20. Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
21. Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
22. Long-Term Institutional Care (Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC))	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
<b>Justice Placement</b>					
23. Juvenile Hall/Camp/Ranch	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
24. Division of Juvenile Justice	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
25. Jail	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
26. Prison	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
<b>Other</b>					
27. Other	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
28. Unknown	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>

## Education

### Highest Level of Education Completed: Choose One

- |   |  |  |
|---|--|--|
| <input type="radio"/> Day Care              | <input type="radio"/> 6 <sup>th</sup> Grade  | <input type="radio"/> High School Diploma/ GED   |
| <input type="radio"/> Preschool             | <input type="radio"/> 7 <sup>th</sup> Grade  | <input type="radio"/> Some college/ Some Technical or Vocational Training                  |
| <input type="radio"/> Kindergarten          | <input type="radio"/> 8 <sup>th</sup> Grade  | <input type="radio"/> Associate's Degree (e.g. A.A., A.S./ Technical or Vocational School) |
| <input type="radio"/> 1 <sup>st</sup> Grade | <input type="radio"/> 9 <sup>th</sup> Grade  | <input type="radio"/> Bachelor's Degree (e.g. B.A., B.S.)                                  |
| <input type="radio"/> 2 <sup>nd</sup> Grade | <input type="radio"/> 10 <sup>th</sup> Grade | <input type="radio"/> Master's Degree (e.g. M.A., M.S.)                                    |
| <input type="radio"/> 3 <sup>rd</sup> Grade | <input type="radio"/> 11 <sup>th</sup> Grade | <input type="radio"/> Doctoral Degree (e.g. M.D., Ph.D.)                                   |
| <input type="radio"/> 4 <sup>th</sup> Grade | <input type="radio"/> 12 <sup>th</sup> Grade | <input type="radio"/> Level Unknown (e.g., child/youth in non-public school)               |
| <input type="radio"/> 5 <sup>th</sup> Grade | <input type="radio"/> GED                    |  |
|   | <input type="radio"/> Coursework             |  |

### Special Education/S.E.D.

- |                           |                          |   |
|---------------------------|--------------------------|---|
| <input type="radio"/> Yes | <input type="radio"/> No | Is the partner <b>currently</b> receiving special education due to serious emotional disturbance? |
|---------------------------|--------------------------|---|

### Special Education/Other

- |                           |                          |  |
|---------------------------|--------------------------|--|
| <input type="radio"/> Yes | <input type="radio"/> No | Is the partner <b>currently</b> receiving special education due to another reason? |
|---------------------------|--------------------------|--|

### Attendance – For Youth, Who are **Required by Law** to Attend School

<b>During the Past 12 Months</b> 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
<b>Currently</b> 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
<b>Grades</b>					
<b>Currently</b> 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
<b>During the Past 12 Months</b> His / her grades were:	<input type="radio"/> Very Good	<input type="radio"/> Good	<input type="radio"/> Average	<input type="radio"/> Below Average	<input type="radio"/> Poor

## Suspension/Expulsion

**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?

## Attendance – For Youth, Who are **NOT** Required by Law to Attend School

For the educational settings below, indicate where the Partner:	Was During the Past 12 Months # of Weeks	Currently (mark all that apply)
1. Not in school of any Kind	_____	<input type="checkbox"/>
2. High School / Adult Education	_____	<input type="checkbox"/>
3. Technical / Vocational School	_____	<input type="checkbox"/>
4. Community College / 4 year College	_____	<input type="checkbox"/>
5. Graduate School	_____	<input type="checkbox"/>
6. Other	_____	<input type="checkbox"/>

## Recovery Goals

<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	Does one of the partner's current recovery goals include any kind of education at this time?
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**Employment Information**  
**Employment During Last 12 Months**

Indicate the Partner's Employment Status:	# of Weeks (Column must = 52 Weeks)	Average Hours Per Week	Average Hourly Wage
<p><b>Competitive Employment:</b> Paid employment in the community in a position that is also open to individuals without a disability.</p>	_____	_____	\$ _____
<p><b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	_____	_____	\$ _____
<p><b>Transitional Employment/ Enclave:</b> Paid jobs in the community that are: 1. Open only to individuals with a disability. <b>AND</b> 2. Are either time-limited for the purpose of moving to a more permanent job. <b>OR</b> 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.</p>	_____	_____	\$ _____
<p><b>Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):</b> Paid jobs open only to program participants with a disability. <b>A Sheltered Workshop</b> usually offers sub-minimum wage work in a simulated environment. <b>A Work Experience</b> (Adjustment) <i>Program</i> within an agency provides exposure to the standard expectations and advantages of employment. <b>An Agency-Owned Business</b> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.</p>	_____	_____	\$ _____
<p><b>Non-paid (Volunteer) Work Experience:</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.</p>	_____	_____	
<p><b>Other Gainful / Employment Activity:</b> Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) <b>OR</b> 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).</p>	_____	_____	\$ _____
<p><b>Unemployed</b></p>	<input type="checkbox"/>		

## Current Employment

Indicate the partner's employment status:	Average Hours Per Week	Average Hourly Wage
<b>Competitive Employment:</b> Paid employment in the community in a position that is also open to individuals without a disability.	_____	\$_____
<b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	_____	\$_____
<b>Transitional Employment/ Enclave:</b> Paid jobs in the community that are: 1. Open only to individuals with a disability. <b>AND</b> 2. Are either time-limited for the purpose of moving to a more permanent job. <b>OR</b> 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.	_____	\$_____
<b>Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):</b> Paid jobs open only to program participants with a disability. <b>A Sheltered Workshop</b> usually offers sub-minimum wage work in a simulated environment. <b>A Work Experience (Adjustment) Program</b> within an agency provides exposure to the standard expectations and advantages of employment. <b>An Agency-Owned Business</b> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	_____	\$_____
<b>Non-paid (Volunteer) Work Experience:</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	_____	\$_____
<b>Other Gainful / Employment Activity:</b> Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) <b>OR</b> 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="checkbox"/> <b>Unemployed:</b> Check if the Partner is not employed at this time.		
<input type="radio"/> <b>Yes</b>	<input type="radio"/> <b>No</b>	Does one of the partner's current recovery goals include any kind of employment at this time?



## Sources of Financial Support

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

## Legal Issues/ Designations

Arrest Information		
Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS		<input type="text"/>
<input type="radio"/> Yes	<input type="radio"/> No	<b>Prior 12:</b> Was the partner arrested any time PRIOR TO THE LAST 12 MONTHS?
Probation Information		
<input type="radio"/> Yes	<input type="radio"/> No	<b>Currently:</b> Is the partner CURRENTLY on probation?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Past 12 Months:</b> Was the partner on probation any time PRIOR TO THE LAST 12 MONTHS?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Prior 12 Months:</b> Was the partner on probation any time PRIOR TO THE LAST 12 MONTHS?
Parole Information		
<input type="radio"/> Yes	<input type="radio"/> No	<b>Currently:</b> Is the partner CURRENTLY on parole from the Division of Juvenile Justice?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Past 12 Months:</b> Was the partner on any kind of parole DURING THE PAST 12 MONTHS?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Prior 12 Months:</b> Was the partner on any kind of parole any time PRIOR TO THE LAST 12 MONTHS?
Conservatorship Information		
<input type="radio"/> Yes	<input type="radio"/> No	<b>Currently:</b> Is the partner CURRENTLY on conservatorship?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Past 12 Months:</b> Was the partner on conservatorship DURING THE PAST 12 MONTHS?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Prior 12 Months:</b> Was the partner on conservatorship any time PRIOR TO THE LAST 12 MONTHS?
Payee Information		
<input type="radio"/> Yes	<input type="radio"/> No	<b>Currently:</b> Does the partner CURRENTLY have a payee?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Past 12 Months:</b> Did the partner have a payee DURING THE PAST 12 MONTHS?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Prior 12 Months:</b> Did the partner have a payee any time PRIOR TO THE LAST 12 MONTHS?

Dependent(W & I Code 300 Status) Information		
<input type="radio"/> Yes	<input type="radio"/> No	<b>Currently:</b> Is the partner CURRENTLY a dependent of the court?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Past 12 Months:</b> Was the partner a dependent of the court DURING THE PAST 12 MONTHS?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Prior 12 Months:</b> Was the partner a dependent of the court any time PRIOR TO THE LAST 12 MONTHS?
Date Of Dependency		
<input type="text"/>	If the partner was ever a dependent of the court, indicate the year the partner was first placed on W & I Code 300 status.	
Custody Information		
Indicate the total number of children the partner has who are CURRENTLY:		
_____	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	

## Emergency Intervention

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

<input type="radio"/> Yes	<input type="radio"/> No	<b>Current PCP:</b> Does the partner have a Primary Care Physician (PCP) CURRENTLY?
<input type="radio"/> Yes	<input type="radio"/> No	<b>Past 12 Months PCP:</b> Did the partner have a Primary Care Physician (PCP) DURING THE PAST 12 MONTHS?

**Substance Abuse**

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

**County Use Questions**

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