CHILD PAF
5/1/07

FULL SERVICE PARTNERSHIP

Child / Youth Partnership Assessment Form

FOR AGES 0-15 YEARS

PARTNERSHIP INFORMATION

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? (mark 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
- Acute Psychiatric / State Hospital
- Other

ADMINISTRATIVE INFORMATION

PARTNERSHIP STATUS

Provider Number / NPI (Optional)

Full Service Partnership Program ID *

Partnership Service Coordinator ID *

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					
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 dependents / roommate – must hold lease or share in rent / mortgage					
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)					
HOSPITAL					
Acute Medical Hospital					
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)					
State Psychiatric Hospital					
RESIDENTIAL PROGRAM					
Group Home (Level 0-11)					
Group Home (Level 12-14)					
Community Treatment Facility					
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)					
JUSTICE PLACEMENT					
Juvenile Hall / Camp / Ranch					
Division of Juvenile Justice					
OTHER					
Other					
Unknown					

EDUCATION

Highest level of education completed:

- ◯ Day Care
- ◯ Pre-School
- ◯ Kindergarten
- ◯ 1st Grade
- ◯ 2nd Grade
- ◯ 3rd Grade
- ◯ 4th Grade
- ◯ 5th Grade
- ◯ 6th Grade
- ◯ 7th Grade
- ◯ 8th Grade
- ◯ 9th Grade
- ◯ 10th Grade
- ◯ 11th Grade
- ◯ 12th Grade
- ◯ GED Coursework
- ◯ High School Diploma / GED
- ◯ Some College / Some Technical or Vocational Training
- ◯ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ◯ Level Unknown (e.g., child / youth in non-public school)

Is the partner CURRENTLY receiving special education due to serious emotional disturbance? ◯ Yes ◯ No

Is the partner CURRENTLY receiving special education due to another reason? ◯ Yes ◯ No

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) DURING THE PAST 12 MONTHS:

- ◯ Always attends school (never truant)
- ◯ Attends school most of the time
- ◯ Sometimes attends school
- ◯ Infrequently attends school
- ◯ Never attends school

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY:

- ◯ Always attends school (never truant)
- ◯ Attends school most of the time
- ◯ Sometimes attends school
- ◯ Infrequently attends school
- ◯ Never attends school

CURRENTLY, his/her grades are:

- ◯ Very Good
- ◯ Good
- ◯ Average
- ◯ Below Average
- ◯ Poor

DURING THE PAST 12 MONTHS, his/her grades were:

- ◯ Very Good
- ◯ Good
- ◯ Average
- ◯ Below Average
- ◯ Poor

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? [ ]

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.			$
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.)			$
Unemployed			

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.		$
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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)
Caregiver's Wages	☐	☐
Partner's Wages	☐	☐
Partner's Spouse / Significant Other's Wages	☐	☐
Savings	☐	☐
Child Support	☐	☐
Other Family Member / Friend	☐	☐
Retirement / Social Security Income	☐	☐
Veteran's Assistance Benefits	☐	☐
Loan / Credit	☐	☐
Housing Subsidy	☐	☐
General Relief / General Assistance	☐	☐
Food Stamps	☐	☐
Temporary Assistance for Needy Families (TANF)	☐	☐
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	☐	☐
Social Security Disability Insurance (SSDI)	☐	☐
State Disability Insurance (SDI)	☐	☐
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	☐	☐
Other	☐	☐
No Financial Support	☐	☐

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

Is the partner CURRENTLY on parole from the Division of Juvenile Justice? ◯ Yes ◯ No

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

DEPENDENT (W & I CODE 300 STATUS) INFORMATION

Is the partner CURRENTLY a dependent of the court? ◯ Yes ◯ No

Was the partner a dependent of the court DURING THE PAST 12 MONTHS? ◯ Yes ◯ No

Was the partner a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS? ◯ Yes ◯ No

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:

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	