

Adult: 26-59 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):	

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. Partner's Wages	<input type="checkbox"/>
2. Partner's Spouse/ Significant Other's Wages	<input type="checkbox"/>
3. Savings	<input type="checkbox"/>
4. Other Family Member/Friend	<input type="checkbox"/>
5. Retirement/ Social Security Income	<input type="checkbox"/>
6. Veteran's Assistance Benefits	<input type="checkbox"/>
7. Loan/Credit	<input type="checkbox"/>
8. Housing Subsidy	<input type="checkbox"/>
9. General Relief/General Assistance	<input type="checkbox"/>
10. Food Stamps	<input type="checkbox"/>
11. Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>
12. Supplemental Security Income/ State Supplementary Payment (SSI/SSP) Program	<input type="checkbox"/>
13. Social Security Disability Insurance (SSDI)	<input type="checkbox"/>

14. State Disability Insurance (SDI)	<input type="checkbox"/>
15. American Indian Tribal Benefits (e.g., per capita revenue sharing, trust disbursements)	<input type="checkbox"/>
16. Other	<input type="checkbox"/>
17. No Financial Support	<input type="checkbox"/>

Legal Issues/ Designations

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

Health Status

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

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:	New Value
County Use Field # 1	
County Use Field # 2	
County Use Field # 3	