

Older Adult: 60+ Years

Quarterly Assessment Form (3M)

Partnership Information

* Date Completed (mm/dd/yyyy):	
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* 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?
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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?

Index of Independent Activities of Daily Living (ADL)

<p>For each area of functioning listed below, select the description that applies (The word ‘assistance’ means supervision, direction or personal assistance)</p>	
<p>Bathing – either sponge bath, tub bath or shower</p>	
<input type="radio"/>	Receives NO assistance (gets in and out of tub by self, if tub is usual means of bathing)
<input type="radio"/>	Receives assistance in bathing only one part of the body (such as back or legs)
<input type="radio"/>	Receives assistance in bathing more than one part of the body (or not bathed)
<p>Dressing – gets clothes from closets and drawers, including underclothes, outer garments and uses fasteners (including braces, if worn)</p>	
<input type="radio"/>	Get clothes and gets completely dressed without assistance
<input type="radio"/>	Gets clothes and get dressed without assistance, except for assistance in tying shoes
<input type="radio"/>	Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed
<p>Toileting</p>	
<input type="radio"/>	Goes to ‘toilet room’, cleans self, and arranges clothes without assistance. (May use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM)
<input type="radio"/>	Receives assistance in going to the ‘toilet room’ or in cleansing self or in arranging clothes after elimination or in use of a night bedpan or commode
<input type="radio"/>	Doesn’t go to room termed ‘toilet’ for the elimination process
<p>Transfer</p>	
<input type="radio"/>	Moves in and out of bed as well as in and out of chair without assistance
<input type="radio"/>	Moves in and out of bed or chair with assistance
<input type="radio"/>	Doesn’t get out of bed
<p>Continence</p>	
<input type="radio"/>	Controls urination and bowel movement completely by self
<input type="radio"/>	Has occasional ‘accidents’
<input type="radio"/>	Supervision helps keep urine or bowel control; catheter is used, or person is incontinent
<p>Feeding</p>	
<input type="radio"/>	Feeds self without assistance
<input type="radio"/>	Feeds self except for getting assistance in cutting meat or buttering bread
<input type="radio"/>	Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

Walking	
<input type="radio"/>	Walks on level without assistance
<input type="radio"/>	Walks without assistance but uses single, straight cane
<input type="radio"/>	Walks without assistance but uses two points of mechanical support such as crutches, a walker or two canes. (or wears a brace)
<input type="radio"/>	Walks with assistance
<input type="radio"/>	Uses wheelchair only
<input type="radio"/>	Not walking or using wheelchair
House-Confinement	
<input type="radio"/>	Has been outside of residence on 3 or more days during the past 2 weeks
<input type="radio"/>	Has been outside of residence on only 1 or 2 days during the past 2 weeks
<input type="radio"/>	Has not been outside of residence in past 2 weeks

For each area of functioning listed below, select the description that applies	Without Help	With Some Help	Completely Unable To Do
1. Can the Partner use the telephone?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Can the Partner get to places out of walking distance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Can the Partner go shopping for groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
4. Can the Partner prepare their own meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
5. Can the Partner do their own housework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Can the Partner do their own handyman work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Can the Partner do their own laundry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. If the Partner takes medication (or if the Partner had to take medication) could they take it on their own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Can the Partner manage their own money?			

County Use Questions

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