

Child/Youth: 0-15 Years

Partnership Assessment Form (PAF)

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: _____

* Partnership Date (mm/dd/yyyy): _____

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

Who Referred the Partner? (Choose One)

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

Administrative Information

Partnership Status

Provider Number/ NPI: _____

* Full Service Partnership (PSP) Program ID: _____

* Partnership Service Coordinator (PSC) ID: _____

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)
General Living Arrangement					
1. With one or both biological /adoptive parents	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
2. With adult family member(s) other than parents - non-foster care	<input 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. Foster Home (with relative)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
5. Foster Home (with non-relative)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
Shelter/Homeless					
6. Emergency Shelter/Temporary Housing (includes living with friends but not paying rent)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
7. Homeless (includes living in their car)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>

Hospital					
8. Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
9. Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
10. State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
Residential Program					
11. Group Home (Level 0-11)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
12. Group Home (Level 12-14)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
13. Short-Term Residential Therapeutic Program (STRTP) (AB 403 Continuum of Care Reform (CCR))	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
14. Community Treatment Facility	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
15. Licensed Residential Treatment (includes crisis, short-term, long- term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
Justice Placement					
16. Juvenile Hall/Camp/Ranch	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
17. Division of Juvenile Justice	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
Other					
18. Other	<input type="radio"/>	<input type="radio"/>	_____	_____	<input type="checkbox"/>
19. 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"/> 5th Grade | <input type="radio"/> 12th Grade |
| <input type="radio"/> Preschool | <input type="radio"/> 6th Grade | <input type="radio"/> GED Coursework |
| <input type="radio"/> Kindergarten | <input type="radio"/> 7th Grade | <input type="radio"/> High School Diploma/ GED |
| <input type="radio"/> 1st Grade | <input type="radio"/> 8th Grade | <input type="radio"/> Some college/ Some Technical or Vocational Training |
| <input type="radio"/> 2nd Grade | <input type="radio"/> 9th Grade | <input type="radio"/> Associate’s Degree (e.g. A.A., A.S./ Technical or Vocational School) |
| <input type="radio"/> 3rd Grade | <input type="radio"/> 10th Grade | |
| <input type="radio"/> 4th Grade | <input type="radio"/> 11th Grade | <input type="radio"/> Level Unknown (e.g., child/youth in non-public school) |

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?

Attendance

During the Past 12 Months 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
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
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
During the Past 12 Months 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?	

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>Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.</p>	_____	_____	\$ _____
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	_____	_____	\$ _____
<p>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.</p>	_____	_____	\$ _____
<p>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.</p>	_____	_____	\$ _____
<p>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.</p>	_____	_____	
<p>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).</p>	_____	_____	\$ _____
<p>Unemployed</p>	<input type="checkbox"/>		

Current Employment

Indicate the partner's employment status:	Average Hours Per Week	Average Hourly Wage
<p>Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.</p>	_____	\$ _____
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	_____	\$ _____
<p>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.</p>	_____	\$ _____
<p>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.</p>	_____	\$ _____
<p>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.</p>	_____	
<p>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).</p>	_____	\$ _____
<p><input type="checkbox"/> Unemployed: Check if the Partner is not employed at this time.</p>		
<p><input type="radio"/> Yes</p>	<p><input type="radio"/> No</p>	<p>Does one of the partner's current recovery goals include any kind of employment at this time?</p>

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

Date Of Dependency

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

Substance Abuse

<input type="radio"/> Yes	<input type="radio"/> No	Ever Issue:	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"/> 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 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	