

ADULT	PAF
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Exhibit K3

FULL SERVICE PARTNERSHIP

Adult Partnership Assessment Form

FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

Partner's First Name Partner's Last Name Partner's First Name Partner's Last Name Partner's Date (mmddyyyy) Partner's Date of Birth (mmddyyyy) Partner's Date of Birth Scillity / Community Agency P Friend/Neighbor (i.e., unrelated other) P Faith-based Organization P School P Primary Care / Medical Office P Emergency Room P Street Outreach	County Number C	U	Iniqu	ue Co	unty	ID	(opt	iona	al)													
Partnership Date (mmddyyyy) Partner's Date of Birth (mmddyyyy) - - - - - - Who referred the partner? (mark one) O Self O Mental Health Facility / Community Agency O Jail / Prison O Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent, child) O Social Services Agency O Acute Psychiatric / State Hospital O Significant Other (e.g., boyfriend/girlfriend, spouse) O Substance Abuse Treatment Facility / Agency O Other O School O Other County/Community Agency O Other O there County/Community Agency O Primary Care / Medical Office O Homeless Shelter O Homeless Shelter																						
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O Emergency Room O Street Outreach	O Primary Care / Me	dical Of	ffice	O Ho	meless	s Shelt	er															
	O Emergency Room			O Str	eet Ou	treach																

ADMINISTRATIVE INFORMATION

Provider Site ID											

Full Service Partnership Program ID

Partnership Service Coordinator ID

In which programs is the partner CURRENTLY involved? (mark all that apply)

O AB2034 O Governor's Homeless Initiative (GHI)

RESIDENTIAL INFORMATION

(includes hospitalization and incarceration)

Setting	TONIGHT	YESTERDAY (as of 11:59 p.m. the day BEFORE partnership)		HE PA cate th	e TO		i	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT								
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	0	0						0
With one or both biological/adoptive parents	0	0						0
With adult family member(s) other than parents	0	0						0
Single Room Occupancy (must hold lease)	0	0						0
SHELTER / HOMELESS								
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	0	0						0
Homeless (includes people living in their cars)	0	0						0
SUPERVISED PLACEMENT			_					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	0	0						0
Assisted Living Facility	0	0						0
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	0	0						0
Licensed Community Care Facility (Board and Care)	0	0						0
HOSPITAL								
Acute Medical Hospital	0	0						0
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	0	0						0
State Psychiatric Hospital	0	0						0
RESIDENTIAL PROGRAM			1			-		
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	0	0						0
Skilled Nursing Facility (physical)	0	0						0
Skilled Nursing Facility (psychiatric)	0	0						0
Long-Term Institutional Care (IMD, MHRC)	0	0						0
JUSTICE PLACEMENT								
Jail	0	0						0
Prison	0	0						0
Other	0	0						0
Unknown	0	0						0

EDUCATION

Highest level of education completed:

- O No High School Diploma / No GED
- O GED Coursework
- O High School Diploma / GED
- O Less than 2 years college / Some Technical / Vocational Training
- O AA degree
- O Technical/Vocational Degree
- O 3-4 years college
- O Bachelor's Degree (B.A., B.S.)
- O Less than 2 years graduate school
- O Master's degree (e.g., M.A., M.S.W.)
- O 3-4 years graduate training
- O Doctoral degree (e.g., M.D., Ph.D.)

For the educational settings below, indicate where the partner	was DURING THE PAST 12 MONTHS # of weeks	is CURRENTLY (mark all that apply)
Not in school of any kind		0
High School / Adult Education		0
Technical / Vocational School		0
Community College / 4 year College		0
Graduate School		0
Other		0

Does one of the partner's current recovery goals include any kind of education at this time? O Yes O No

EMPLOYMENT

EMPLOYMENT DURING	THE PAST	12 MONTH	S
Indicate the partner's employment status	# OF WEEKS	AVERAGE HOURS/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 <u>open only to program participants with a disability</u> . 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			

	LOYMENT	
Indicate the partner's employment status	AVERAGE HOURS/WEEK	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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Check here if the partner is not employed at this time: $\hfill\square$

Does one of the partner's current recovery goals include any kind of employment at this time? O Yes O 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
Partner's Wages	0	0
Partner's Spouse / Significant Other's Wages	0	0
Savings	0	0
Other Family Member / Friend	0	0
Retirement / Social Security Income	0	0
Veteran's Assistance Benefits	0	0
Loan / Credit	0	0
Housing Subsidy	0	0
General Relief / General Assistance	0	0
Food Stamps	0	0
Temporary Assistance for Needy Families (TANF)	0	0
Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program O	0
Social Security Disability Insurance (SSDI)	0	0
State Disability Insurance (SDI)	0	0
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	0	0
Other	0	0

LEGAL ISSUES / DESIGNATIONS

JUSTICE SYSTEM INVOLVEMENT

ARREST INFORMATION

Indicate the number of times the partner was arrested DURING THE PAST 12 MONTHS:

PROBATION INFORMATION

Is the partner CURRENTLY on probation? O Yes O No Was the partner on probation DURING THE PAST 12 MONTHS? O Yes O No Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

PAROLE INFORMATION

Is the partner CURRENTLY on parole? O Yes O No Was the partner on parole DURING THE PAST 12 MONTHS? O Yes O No Was the partner on parole anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

CONSERVATORSHIP / PAYEE INFORMATION

CONSERVATORSHIP INFORMATION:

Is the partner CURRENTLY on conservatorship? O Yes O No Was the partner on conservatorship DURING THE PAST 12 MONTHS? O Yes O No Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

PAYEE INFORMATION:

Does the partner CURRENTLY have a payee? O Yes O No Did the partner have a payee DURING THE PAST 12 MONTHS? O Yes O No Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

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? O Yes O No

Did the partner have a primary care physician DURING THE PAST 12 MONTHS? O Yes O No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, does the partner have a co-occurring mental illness and substance use problem? O Yes O No

Is this an active problem? O Yes O No

Is the partner CURRENTLY receiving substance abuse services? O Yes O No

COUNTY USE QUESTIONS

To b	To be tracked on the KEY EVENT TRACKING form:													
Со	County Use Field #1													
Со	County Use Field #2													
Coι	County Use Field #3													
Το b Coι	e tra unty					ART	ERL	.Y A	SSE	SSN	IEN.	T fo	rm:	
Coι	unty	Use	Fiel	d #2	2									
Cou	unty	Use	Fiel	d #3	 3									
Cou	unty	Use	Fiel	d #3	3									