ADULT PAF 6/2/06



FULL SERVICE PARTNERSHIP Adult Partnership Assessment Form FOR AGES 26-59 YEARS

,	PARTNERSHIP INFORMATION						
County Number CSI County Clier	nt Number Unique County ID (optiona	al)					
Partner's First Name Partner's Last Name							
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 Friend/Neighbor (i.e., unrelated other)	O Faith-based Organization						
O School	O Other County/Community Agency						
O Primary Care / Medical Office	O Homeless Shelter						
O Emergency Room	O Street Outreach						
ADMINISTRATIVE INFORMATION							
Provider Site ID Full Service	e Partnership Program ID Partnership Serv	vice 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)	DURING THE PAST 12 MONTHS indicate the TOTAL: # Days (must = 365)			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								
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				1				
Jail	0	0						0
Prison	0	0						0
Other	0	0						0
Unknown	0	0				L		0

EDUCATION

Highest level of education completed:

O No High School Diploma / No GED O AA degree O Less than 2 years graduate school O GED Coursework O Technical/Vocational Degree O Master's degree (e.g., M.A., M.S.W.)

O High School Diploma / GED O 3-4 years college O 3-4 years graduate training

O Less than 2 years college / O Bachelor's Degree (B.A., B.S.) O Doctoral degree (e.g., M.D., Ph.D.) Some Technical / Vocational Training

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 MONTHS				
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 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 EMPL	OYMENT	
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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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).		\$
Check here if 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? O Yes O No

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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)
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:			
Was the partner arrested anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No			
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			
CONCERNATOR OF THE PROPERTY OF			
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			
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? ${}_{\hbox{O Yes}}$ ${}_{\hbox{O No}}$
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 be tracked on the KEY EVENT TRACKING form:
County Use Field #1
County Use Field #2
County Use Field #3
T. I. (. I. I. () CHARTERI VACCESCUENT (
To be tracked on the QUARTERLY ASSESSMENT form: County Use Field #1
County Use Field #2
County Use Field #3