

**FULL SERVICE PARTNERSHIP**  
**Transition Age Youth Partnership Assessment Form**  
**FOR AGES 16-25 YEARS**

**PARTNERSHIP INFORMATION**

County Number

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CSI County Client Number

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Unique County ID (optional)

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Youth's First Name

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Youth's Last Name

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Partnership Date (mmddyyyy)

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Youth's Date of Birth (mmddyyyy)

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Who referred the youth? (mark one)

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

**ADMINISTRATIVE INFORMATION**

Provider Site ID

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Full Service Partnership Program ID

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Partnership Service Coordinator ID

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

- ☐ AB2034      ☐ Governor's Homeless Initiative (GHI)      ☐ Transition Age Youth Program

# RESIDENTIAL INFORMATION

(includes hospitalization and incarceration)

Setting	TONIGHT	YESTERDAY (as of 11:59 p.m. the day BEFORE partnership)	DURING THE PAST 12 MONTHS		PRIOR TO THE LAST 12 MONTHS (mark all that apply)
			indicate the TOTAL: # Occurrences	# Days (must = 365)	
<b>GENERAL LIVING ARRANGEMENT</b>					
With one or both biological/adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
With adult family member(s) other than parents - non-foster care	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
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="text"/>	<input type="text"/>	<input type="radio"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Foster Home (with relative)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Foster Home (with non-relative)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
<b>SHELTER / HOMELESS</b>					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
<b>SUPERVISED PLACEMENT</b>					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
<b>HOSPITAL</b>					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
<b>RESIDENTIAL PROGRAM</b>					
Group Home (Level 0-11)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Group Home (Level 12-14)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Community Treatment Facility	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Long-Term Institutional Care (IMD, MHRC)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
<b>JUSTICE PLACEMENT</b>					
Juvenile Hall / Camp / Ranch	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
California Youth Authority	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Jail	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Prison	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

**EDUCATION****Highest level of education completed:**

- |                                    |                                      |   |   |
|------------------------------------|--------------------------------------|---|---|
| <input type="radio"/> Day Care     | <input type="radio"/> 6th Grade      | <input type="radio"/> High School Diploma/GED   | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.)                |
| <input type="radio"/> Pre-School   | <input type="radio"/> 7th Grade      | <input type="radio"/> Less than 2 years college /<br>Some Technical/Vocational Training | <input type="radio"/> 3-4 years graduate training                         |
| <input type="radio"/> Kindergarten | <input type="radio"/> 8th Grade      | <input type="radio"/> AA degree   | <input type="radio"/> Doctoral degree (e.g., M.D., Ph.D.)                 |
| <input type="radio"/> 1st Grade    | <input type="radio"/> 9th Grade      | <input type="radio"/> Technical/Vocational Degree                                       | <input type="radio"/> Level Unknown<br>(e.g., youth in non-public school) |
| <input type="radio"/> 2nd Grade    | <input type="radio"/> 10th Grade     | <input type="radio"/> 3-4 years college   |   |
| <input type="radio"/> 3rd Grade    | <input type="radio"/> 11th Grade     | <input type="radio"/> Bachelor's Degree (B.A., B.S.)                                    |   |
| <input type="radio"/> 4th Grade    | <input type="radio"/> 12th Grade     | <input type="radio"/> Less than 2 years graduate school                                 |   |
| <input type="radio"/> 5th Grade    | <input type="radio"/> GED Coursework |   |   |

Is the youth **CURRENTLY** receiving special education due to serious emotional disturbance? ☐ Yes ☐ No

Is the youth **CURRENTLY** receiving special education due to another reason? ☐ Yes ☐ No

**FOR YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL:****Estimate the youth's attendance\* level  
DURING THE PAST 12 MONTHS:**

- ☐ Always attends school (never truant)  
☐ Attends school most of the time  
☐ Sometimes attends school  
☐ Infrequently attends school  
☐ Never attends school

**Estimate the youth's attendance\* level  
CURRENTLY:**

- ☐ Always attends school (never truant)  
☐ Attends school most of the time  
☐ Sometimes attends school  
☐ Infrequently attends school  
☐ Never attends school

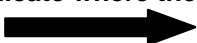
**CURRENTLY, his/her grades are:** ☐ Very Good ☐ Good ☐ Average ☐ Below Average ☐ Poor

**DURING THE PAST 12 MONTHS, his/her grades were:** ☐ Very Good ☐ Good ☐ Average ☐ Below Average ☐ Poor

**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?**

**FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:**

For the educational settings below, indicate where the youth... 	was DURING THE PAST 12 MONTHS # of weeks	is CURRENTLY (mark all that apply)
Not in school of any kind	<input type="text"/> <input type="text"/>	<input type="radio"/>
High School / Adult Education	<input type="text"/> <input type="text"/>	<input type="radio"/>
Technical / Vocational School	<input type="text"/> <input type="text"/>	<input type="radio"/>
Community College / 4 year College	<input type="text"/> <input type="text"/>	<input type="radio"/>
Graduate School	<input type="text"/> <input type="text"/>	<input type="radio"/>
Other	<input type="text"/> <input type="text"/>	<input type="radio"/>

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

\*excludes scheduled breaks and excused absences

## EMPLOYMENT

## EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the youth's employment status... ➔	# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<b>Competitive Employment:</b> Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Transitional Employment/Enclave:</b> 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.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business):</b> 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.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Non-paid (Volunteer) Work Experience:</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
<b>Other Gainful/Employment Activity:</b> Any informal employment activity that increases the youth'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).	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<b>Unemployed</b>	<input type="text"/> <input type="text"/>		

## CURRENT EMPLOYMENT

Indicate the youth's employment status... ➔	AVERAGE HOURS/WEEK	HOURLY WAGE
<b>Competitive Employment:</b> Paid employment in the community in a position that is also open to individuals without a disability.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<b>Transitional Employment/Enclave:</b> 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.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<b>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business):</b> Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>
<b>Non-paid (Volunteer) Work Experience:</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	
<b>Other Gainful/Employment Activity:</b> Any informal employment activity that increases the youth'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).	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>	\$ <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div> . <div style="border: 1px solid black; width: 40px; height: 20px; display: inline-block;"></div>

Check here if the youth is not employed at this time: ☐

Does one of the youth's current recovery goals include any kind of employment at this time? ☐ Yes ☐ No

## SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the youth:	<u><b>DURING THE</b></u> <u><b>PAST 12 MONTHS</b></u> <i>(mark all that apply)</i>	<u><b>CURRENTLY</b></u> <i>(mark all that apply)</i>
Caregiver's Wages	<input type="radio"/>	<input type="radio"/>
Youth's Wages	<input type="radio"/>	<input type="radio"/>
Youth's Spouse / Significant Other's Wages	<input type="radio"/>	<input type="radio"/>
Savings	<input type="radio"/>	<input type="radio"/>
Child Support	<input type="radio"/>	<input type="radio"/>
Other Family Member / Friend	<input type="radio"/>	<input type="radio"/>
Retirement / Social Security Income	<input type="radio"/>	<input type="radio"/>
Veteran's Assistance Benefits	<input type="radio"/>	<input type="radio"/>
Loan / Credit	<input type="radio"/>	<input type="radio"/>
Housing Subsidy	<input type="radio"/>	<input type="radio"/>
General Relief / General Assistance	<input type="radio"/>	<input type="radio"/>
Food Stamps	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program	<input type="radio"/>	<input type="radio"/>
Social Security Disability Insurance (SSDI)	<input type="radio"/>	<input type="radio"/>
State Disability Insurance (SDI)	<input type="radio"/>	<input type="radio"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

**LEGAL ISSUES / DESIGNATIONS****JUSTICE SYSTEM INVOLVEMENT****ARREST INFORMATION**Indicate the number of times the youth was arrested DURING THE PAST 12 MONTHS: Was the youth arrested anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**PROBATION INFORMATION**Is the youth CURRENTLY on probation? ☐ Yes ☐ NoWas the youth on probation DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoWas the youth on probation anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**PAROLE INFORMATION**Is the youth CURRENTLY on parole? ☐ Yes ☐ NoWas the youth on parole DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoWas the youth on parole anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**CONSERVATORSHIP / PAYEE INFORMATION****CONSERVATORSHIP INFORMATION**Is the youth CURRENTLY on conservatorship? ☐ Yes ☐ NoWas the youth on conservatorship DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoWas the youth on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**PAYEE INFORMATION**Does the youth CURRENTLY have a payee? ☐ Yes ☐ NoDid the youth have a payee DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoDid the youth have a payee anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ No**DEPENDENT (W & I CODE 300 STATUS) INFORMATION**Is the youth CURRENTLY a dependent of the court? ☐ Yes ☐ NoWas the youth a dependent of the court DURING THE PAST 12 MONTHS? ☐ Yes ☐ NoWas the youth a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS? ☐ Yes ☐ NoIf the youth was ever a dependent of the court, indicate the year  
the youth was first placed on W & I Code 300 status:**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 youth had DURING THE PAST 12 MONTHS that were:

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Physical Health Related

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Mental Health / Substance Abuse Related

## HEALTH STATUS

Does the youth have a primary care physician CURRENTLY? ☐ Yes ☐ No

Did the youth have a primary care physician DURING THE PAST 12 MONTHS? ☐ Yes ☐ No

## SUBSTANCE ABUSE

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

Is this an active problem? ☐ Yes ☐ No

Is the youth CURRENTLY receiving substance abuse services? ☐ Yes ☐ No

## COUNTY USE QUESTIONS

To be tracked on the KEY EVENT TRACKING form:

County Use Field #1

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County Use Field #2

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

County Use Field #3

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To be tracked on the QUARTERLY ASSESSMENT form:

County Use Field #1

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County Use Field #2

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County Use Field #3

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