

FULL SERVICE PARTNERSHIP
Child / Youth Partnership Assessment Form
FOR AGES 0-15 YEARS

CHILD PAF
5/1/07

Exhibit K1

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Partnership Date (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

Who referred the partner? (mark one)

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

ADMINISTRATIVE INFORMATION

PARTNERSHIP STATUS

Provider Number / NPI (Optional)	<input type="text"/>	
Full Service Partnership Program ID	<input type="text"/>	*
Partnership Service Coordinator ID	<input type="text"/>	*

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 # OCCURRENCES	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT					
With one or both biological / adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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="checkbox"/>
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="checkbox"/>
Foster Home (with relative)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Foster Home (with non-relative)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
SHELTER / HOMELESS					
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="checkbox"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
HOSPITAL					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
RESIDENTIAL PROGRAM					
Group Home (Level 0-11)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Group Home (Level 12-14)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Community Treatment Facility	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
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="checkbox"/>
JUSTICE PLACEMENT					
Juvenile Hall / Camp / Ranch	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Division of Juvenile Justice	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
OTHER					
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

EDUCATION

Highest level of education completed:

- ☐ Day Care ☐ 5th Grade ☐ 12th Grade
☐ Pre-School ☐ 6th Grade ☐ GED Coursework
☐ Kindergarten ☐ 7th Grade ☐ High School Diploma / GED
☐ 1st Grade ☐ 8th Grade ☐ Some College / Some Technical or Vocational Training
☐ 2nd Grade ☐ 9th Grade ☐ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
☐ 3rd Grade ☐ 10th Grade ☐ Level Unknown (e.g., child / youth in non-public school)
☐ 4th Grade ☐ 11th Grade

Is the partner CURRENTLY receiving special education due to serious emotional disturbance?

- ☐ Yes ☐ No

Is the partner CURRENTLY receiving special education due to another reason?

- ☐ Yes ☐ No

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) 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 partner's attendance level (excluding scheduled breaks and excused absences) 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?

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the partner's employment status...	# OF WEEKS	AVERAGE HOURS per WEEK	AVERAGE HOURLY WAGE
Competitive Employment: Paid employment <u>in the community in a position that is also open to individuals without a disability.</u>	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Supported Employment: 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"/>
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.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs <u>open only to program participants with a disability.</u> 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.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
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.	<input type="text"/>	<input type="text"/>	
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.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Unemployed	<input type="text"/>		

CURRENT EMPLOYMENT

Indicate the partner's employment status...	AVERAGE HOURS per WEEK	AVERAGE HOURLY WAGE
Competitive Employment: Paid employment <u>in the community</u> in a position that is also open to individuals without a disability.	<input style="width: 80px; height: 25px;" type="text"/>	\$ <input style="width: 80px; height: 25px;" type="text"/>
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input style="width: 80px; height: 25px;" type="text"/>	\$ <input style="width: 80px; height: 25px;" type="text"/>
Transitional Employment / Enclave: Paid jobs <u>in the community</u> 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 style="width: 80px; height: 25px;" type="text"/>	\$ <input style="width: 80px; height: 25px;" type="text"/>
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs open only to <u>program participants</u> 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.	<input style="width: 80px; height: 25px;" type="text"/>	\$ <input style="width: 80px; height: 25px;" type="text"/>
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.	<input style="width: 80px; height: 25px;" type="text"/>	
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.)	<input style="width: 80px; height: 25px;" type="text"/>	\$ <input style="width: 80px; height: 25px;" type="text"/>
The partner is not employed at this time. <input type="checkbox"/>		
Does one of the partner's current recovery goals include any kind of employment at this time? <input type="radio"/> Yes <input type="radio"/> 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 (mark all that apply)
Caregiver's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Partner's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Child Support	<input type="checkbox"/>	<input type="checkbox"/>
Other Family Member / Friend	<input type="checkbox"/>	<input type="checkbox"/>
Retirement / Social Security Income	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Assistance Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Loan / Credit	<input type="checkbox"/>	<input type="checkbox"/>
Housing Subsidy	<input type="checkbox"/>	<input type="checkbox"/>
General Relief / General Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
State Disability Insurance (SDI)	<input type="checkbox"/>	<input type="checkbox"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No Financial Support	<input type="checkbox"/>	<input type="checkbox"/>

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?

☐ Yes ☐ No**PROBATION INFORMATION**

Is the partner CURRENTLY on probation?

☐ Yes ☐ No

Was the partner on probation DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**PAROLE INFORMATION**

Is the partner CURRENTLY on parole from the Division of Juvenile Justice?

☐ Yes ☐ No

Was the partner on any kind of parole DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**CONSERVATORSHIP / PAYEE INFORMATION****CONSERVATORSHIP INFORMATION**

Is the partner CURRENTLY on conservatorship?

☐ Yes ☐ No

Was the partner on conservatorship DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**PAYEE INFORMATION**

Does the partner CURRENTLY have a payee?

☐ Yes ☐ No

Did the partner have a payee DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No**DEPENDENT (W & I CODE 300 STATUS) INFORMATION**

Is the partner CURRENTLY a dependent of the court?

☐ Yes ☐ No

Was the partner a dependent of the court DURING THE PAST 12 MONTHS?

☐ Yes ☐ No

Was the partner a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS?

☐ Yes ☐ No

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:

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**?

☐ Yes ☐ No

Did the partner have a primary care physician **DURING THE PAST 12 MONTHS**?

☐ Yes ☐ No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?

☐ Yes ☐ No

In the opinion of the partnership service coordinator, does the partner **CURRENTLY** have an active co-occurring mental illness and substance use problem?

☐ Yes ☐ No

Is the partner **CURRENTLY** receiving substance abuse services?

☐ Yes ☐ No

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS	VALUES
To be tracked on the KEY EVENT TRACKING form:	
County Use Field # 1	<input type="text"/>
County Use Field # 2	<input type="text"/>
County Use Field # 3	<input type="text"/>
To be tracked on the QUARTERLY ASSESSMENT form:	
County Use Field # 1	<input type="text"/>
County Use Field # 2	<input type="text"/>
County Use Field # 3	<input type="text"/>