

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

**CHILD 3M**  
**5/1/07**

Exhibit L1

PARTNERSHIP INFORMATION

|                                      |  |   |  |
|--------------------------------------|--|---|--|
| County                               | <input style="width: 95%;" type="text"/> | * |  |
| CSI County Client Number (CCN)       | <input style="width: 95%;" type="text"/> |   |  |
| County Partner ID (optional)         | <input style="width: 95%;" type="text"/> |   |  |
| Partner's First Name                 | <input style="width: 95%;" type="text"/> | * |  |
| Partner's Last Name                  | <input style="width: 95%;" type="text"/> | * |  |
| Date Completed (mm/dd/yyyy)          | <input style="width: 95%;" type="text"/> | * |  |
| Partner's Date of Birth (mm/dd/yyyy) | <input style="width: 95%;" type="text"/> | * |  |

EDUCATION

|   |   |
|---|---|
| <p>Is the partner CURRENTLY receiving special education due to serious emotional disturbance?</p> <p>Is the partner CURRENTLY receiving special education due to another reason?</p> <p>Estimate the partner's attendance level (excluding scheduled breaks and excused absences) CURRENTLY:</p><br><br><p>CURRENTLY, his/her grades are:</p> | <p><input type="radio"/> Yes   <input type="radio"/> No</p> <p><input type="radio"/> Yes   <input type="radio"/> No</p> <p><input type="radio"/> Always attends school (never truant)</p> <p><input type="radio"/> Attends school most of the time</p> <p><input type="radio"/> Sometimes attends school</p> <p><input type="radio"/> Infrequently attends school</p> <p><input type="radio"/> Never attends school</p><br><p><input type="radio"/> Very Good</p> <p><input type="radio"/> Good</p> <p><input type="radio"/> Average</p> <p><input type="radio"/> Below Average</p> <p><input type="radio"/> Poor</p> |
|---|---|

## SOURCES OF FINANCIAL SUPPORT

| Indicate all the sources of financial support used to meet the needs of the partner:     | <b>CURRENTLY</b><br>(mark all that apply) |
|--|---|
| Caregiver's Wages  | <input type="checkbox"/>                  |
| Partner's Wages  | <input type="checkbox"/>                  |
| Partner's Spouse / Significant Other's Wages   | <input type="checkbox"/>                  |
| Savings  | <input type="checkbox"/>                  |
| Child Support  | <input type="checkbox"/>                  |
| Other Family Member / Friend   | <input type="checkbox"/>                  |
| Retirement / Social Security Income  | <input type="checkbox"/>                  |
| Veteran's Assistance Benefits  | <input type="checkbox"/>                  |
| Loan / Credit  | <input type="checkbox"/>                  |
| Housing Subsidy  | <input type="checkbox"/>                  |
| General Relief / General Assistance  | <input type="checkbox"/>                  |
| Food Stamps  | <input type="checkbox"/>                  |
| Temporary Assistance for Needy Families (TANF)   | <input type="checkbox"/>                  |
| Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program           | <input type="checkbox"/>                  |
| Social Security Disability Insurance (SSDI)  | <input type="checkbox"/>                  |
| State Disability Insurance (SDI)   | <input type="checkbox"/>                  |
| American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements) | <input type="checkbox"/>                  |
| Other  | <input type="checkbox"/>                  |
| No Financial Support   | <input type="checkbox"/>                  |

## LEGAL ISSUES / DESIGNATIONS

| <b>CUSTODY INFORMATION</b>   |                      |
|--|----------------------|
| Indicate the total number of children the partner has who are <b>CURRENTLY</b> : |                      |
| Placed on W & I Code 300 Status:<br>(Dependent of the court)                     | <input type="text"/> |
| Placed in Foster Care:   | <input type="text"/> |
| Legally Reunified with partner:  | <input type="text"/> |
| Adopted out:   | <input type="text"/> |

### HEALTH STATUS

Does the partner have a primary care physician CURRENTLY?

☐ Yes ☐ No

### SUBSTANCE ABUSE

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

#### NEW VALUE

County Use Field # 1

County Use Field # 2

County Use Field # 3