

FULL SERVICE PARTNERSHIP
Transition Age Youth Quarterly 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)

[illegible]

Youth's First Name

[illegible]

Youth's Last Name

[illegible]**Date Completed (mmddyyyy)**

Youth's Date of Birth (mmddyyyy)

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EDUCATION

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
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

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support that are CURRENTLY used to meet the needs of the youth (mark all that apply):

- ☐ Caregiver Wages
- ☐ Youth Wages
- ☐ Youth's Spouse / Significant Other's Wages
- ☐ Savings
- ☐ Child Support
- ☐ Other Family Member / Friend
- ☐ Retirement / Social Security Income
- ☐ Veteran's Assistance Benefits
- ☐ Loan / Credit
- ☐ Housing Subsidy
- ☐ General Relief / General Assistance
- ☐ Food Stamps
- ☐ Temporary Assistance for Needy Families (TANF)
- ☐ Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program
- ☐ Social Security Disability Insurance (SSDI)
- ☐ State Disability Insurance (SDI)
- ☐ American Indian Tribal Benefits
(e.g., per capita, revenue sharing, trust disbursements)
- ☐ Other

LEGAL ISSUES / DESIGNATIONS

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:

HEALTH STATUS

Does the youth have a primary care physician CURRENTLY? ☐ 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

Indicate NEW County Use Field #1

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Indicate NEW County Use Field #2

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Indicate NEW County Use Field #3

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