

Adult Quarterly Assessment Form **FOR AGES 26-59 YEARS**

PARTNERSHIP INFORMATION

County Number

CSI County Client Number

Unique County ID (optional)

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[illegible]**Partner's First Name****Partner's Last Name**[illegible][illegible]**Date Completed (mmddyyyy)****Partner's Date of Birth (mmddyyyy)**

SOURCES OF FINANCIAL SUPPORT

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

- ☐ Partner's Wages
- ☐ Partner's Spouse / Significant Other's Wages
- ☐ Savings
- ☐ 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 partner have a primary care physician CURRENTLY? ☐ Yes ☐ No

SUBSTANCE ABUSE

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

Is this an active problem? ☐ Yes ☐ No

Is the partner 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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