CALIFORNIA DEPARTMENT OF Mental Health

ADULT PAF 6/2/06

FULL SERVICE PARTNERSHIP

Adult Partnership Assessment Form

FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County Number | **CSI County Client Number** | **Unique County ID (optional)**

Partner's First Name | **Partner's Last Name**

Partnership Date (mmddyyyy) - - | **Partner's Date of Birth (mmddyyyy)** - -

Who referred the partner? (mark one)

- O Self
- O Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent, child)
- O Significant Other (e.g., boyfriend/girlfriend, spouse)
- O Friend/Neighbor (i.e., unrelated other)
- O School
- O Primary Care / Medical Office
- O Emergency Room
- O Mental Health Facility / Community Agency
- O Social Services Agency
- O Substance Abuse Treatment Facility / Agency
- O Faith-based Organization
- O Other County/Community Agency
- O Homeless Shelter
- O Street Outreach
- O Jail / Prison
- O Acute Psychiatric / State Hospital
- O Other

ADMINISTRATIVE INFORMATION

Provider Site ID | **Full Service Partnership Program ID** | **Partnership Service Coordinator ID**

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

- O AB2034
- O Governor's Homeless Initiative (GHI)

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)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT					
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	○	○			○
With one or both biological/adoptive parents	○	○			○
With adult family member(s) other than parents	○	○			○
Single Room Occupancy (must hold lease)	○	○			○
SHELTER / HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	○	○			○
Homeless (includes people living in their cars)	○	○			○
SUPERVISED PLACEMENT					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	○	○			○
Assisted Living Facility	○	○			○
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	○	○			○
Licensed Community Care Facility (Board and Care)	○	○			○
HOSPITAL					
Acute Medical Hospital	○	○			○
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	○	○			○
State Psychiatric Hospital	○	○			○
RESIDENTIAL PROGRAM					
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	○	○			○
Skilled Nursing Facility (physical)	○	○			○
Skilled Nursing Facility (psychiatric)	○	○			○
Long-Term Institutional Care (IMD, MHRC)	○	○			○
JUSTICE PLACEMENT					
Jail	○	○			○
Prison	○	○			○
Other	○	○			○
Unknown	○	○			○

EDUCATION

Highest level of education completed:

- ○ No High School Diploma / No GED
- ○ GED Coursework
- ○ High School Diploma / GED
- ○ Less than 2 years college / Some Technical / Vocational Training
- ○ AA degree
- ○ Technical/Vocational Degree
- ○ 3-4 years college
- ○ Bachelor's Degree (B.A., B.S.)
- ○ Less than 2 years graduate school
- ○ Master's degree (e.g., M.A., M.S.W.)
- ○ 3-4 years graduate training
- ○ Doctoral degree (e.g., M.D., Ph.D.)

For the educational settings below, indicate where the partner... →	**was DURING THE PAST 12 MONTHS** *# of weeks*	**is CURRENTLY** (*mark all that apply*)
Not in school of any kind	☐☐	○
High School / Adult Education	☐☐	○
Technical / Vocational School	☐☐	○
Community College / 4 year College	☐☐	○
Graduate School	☐☐	○
Other	☐☐	○

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

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the partner's employment status... →	# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	☐☐	☐☐	$☐☐☐.☐☐
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	☐☐	☐☐	$☐☐☐.☐☐
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.	☐☐	☐☐	$☐☐☐.☐☐
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): 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.	☐☐	☐☐	$☐☐☐.☐☐
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.	☐☐	☐☐	
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).	☐☐	☐☐	$☐☐☐.☐☐
Unemployed	☐☐		

CURRENT EMPLOYMENT

Indicate the partner's employment status... →	AVERAGE HOURS/WEEK	HOURLY WAGE
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.	☐☐	$☐☐☐.☐☐
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	☐☐	$☐☐☐.☐☐
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.	☐☐	$☐☐☐.☐☐
Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): 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.	☐☐	$☐☐☐.☐☐
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.	☐☐	
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).	☐☐	$☐☐☐.☐☐

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

Does one of the partner'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 partner:	**DURING THE PAST 12 MONTHS** *(mark all that apply)*	**CURRENTLY** *(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

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? O Yes O No

PROBATION INFORMATION

Is the partner CURRENTLY on probation? O Yes O No

Was the partner on probation DURING THE PAST 12 MONTHS? O Yes O No

Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

PAROLE INFORMATION

Is the partner CURRENTLY on parole? O Yes O No

Was the partner on parole DURING THE PAST 12 MONTHS? O Yes O No

Was the partner on parole anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

CONSERVATORSHIP / PAYEE INFORMATION

CONSERVATORSHIP INFORMATION:

Is the partner CURRENTLY on conservatorship? O Yes O No

Was the partner on conservatorship DURING THE PAST 12 MONTHS? O Yes O No

Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

PAYEE INFORMATION:

Does the partner CURRENTLY have a payee? O Yes O No

Did the partner have a payee DURING THE PAST 12 MONTHS? O Yes O No

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

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, 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

To be tracked on the KEY EVENT TRACKING form:

County Use Field #1

County Use Field #2

County Use Field #3

To be tracked on the QUARTERLY ASSESSMENT form:

County Use Field #1

County Use Field #2

County Use Field #3
