

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

## PARTNERSHIP INFORMATION

County Number

**CSI County Client Number**

**Unique County ID (optional)**

[illegible]**Partner's First Name**

Partner's Last Name

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Date Completed (mmddyyyy)

**Partner's Date of Birth (mmddyyyy)**

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## 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

Indicate NEW County Use Field #2

Indicate NEW County Use Field #3