



TAY PAF
6/2/06

FULL SERVICE PARTNERSHIP
Transition Age Youth Partnership Assessment Form
FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Youth's First Name	Youth's Last Name
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Partnership Date (mmddyyyy)	Youth's Date of Birth (mmddyyyy)
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- Who referred the youth?** (mark one)
- | | | |
|---|---|---|
| <input type="radio"/> Self | <input type="radio"/> Mental Health Facility / Community Agency | <input type="radio"/> Juvenile Hall / Camp / Ranch / California Youth Authority |
| <input type="radio"/> Family Member (e.g., parent, guardian, sibling, aunt, uncle, grandparent) | <input type="radio"/> Social Services Agency | <input type="radio"/> Jail / Prison |
| <input type="radio"/> Significant Other (e.g., boyfriend/girlfriend, spouse) | <input type="radio"/> Substance Abuse Treatment Facility / Agency | <input type="radio"/> Acute Psychiatric / State Hospital |
| <input type="radio"/> Friend/Neighbor (i.e., unrelated other) | <input type="radio"/> Faith-based Organization | <input type="radio"/> Other |
| <input type="radio"/> School | <input type="radio"/> Other County/Community Agency | |
| <input type="radio"/> Primary Care / Medical Office | <input type="radio"/> Homeless Shelter | |
| <input type="radio"/> Emergency Room | <input type="radio"/> Street Outreach | |

ADMINISTRATIVE INFORMATION

Provider Site ID	Full Service Partnership Program ID	Partnership Service Coordinator ID
<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

- In which programs is the youth CURRENTLY involved?** (mark all that apply)
- | | | |
|------------------------------|--|--|
| <input type="radio"/> AB2034 | <input type="radio"/> Governor's Homeless Initiative (GHI) | <input type="radio"/> Transition Age Youth Program |
|------------------------------|--|--|

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:		PRIOR TO THE LAST 12 MONTHS (mark all that apply)
			# Occurrences	# Days (must = 365)	
GENERAL LIVING ARRANGEMENT					
With one or both biological/adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
With adult family member(s) other than parents - non-foster care	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Foster Home (with relative)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Foster Home (with non-relative)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
SHELTER / HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
SUPERVISED PLACEMENT					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
HOSPITAL					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
RESIDENTIAL PROGRAM					
Group Home (Level 0-11)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Group Home (Level 12-14)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Community Treatment Facility	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Long-Term Institutional Care (IMD, MHRC)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
JUSTICE PLACEMENT					
Juvenile Hall / Camp / Ranch	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
California Youth Authority	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Jail	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Prison	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="radio"/>

EDUCATION

Highest level of education completed:

- | | | | |
|------------------------------------|--------------------------------------|---|---|
| <input type="radio"/> Day Care | <input type="radio"/> 6th Grade | <input type="radio"/> High School Diploma/GED | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.) |
| <input type="radio"/> Pre-School | <input type="radio"/> 7th Grade | <input type="radio"/> Less than 2 years college /
Some Technical/Vocational Training | <input type="radio"/> 3-4 years graduate training |
| <input type="radio"/> Kindergarten | <input type="radio"/> 8th Grade | <input type="radio"/> AA degree | <input type="radio"/> Doctoral degree (e.g., M.D., Ph.D.) |
| <input type="radio"/> 1st Grade | <input type="radio"/> 9th Grade | <input type="radio"/> Technical/Vocational Degree | <input type="radio"/> Level Unknown
(e.g., youth in non-public school) |
| <input type="radio"/> 2nd Grade | <input type="radio"/> 10th Grade | <input type="radio"/> 3-4 years college | |
| <input type="radio"/> 3rd Grade | <input type="radio"/> 11th Grade | <input type="radio"/> Bachelor's Degree (B.A., B.S.) | |
| <input type="radio"/> 4th Grade | <input type="radio"/> 12th Grade | <input type="radio"/> Less than 2 years graduate school | |
| <input type="radio"/> 5th Grade | <input type="radio"/> GED Coursework | | |

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 DURING THE PAST 12 MONTHS:

- Always attends school (never truant)
- Attends school most of the time
- Sometimes attends school
- Infrequently attends school
- Never attends 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

DURING THE PAST 12 MONTHS, his/her grades were: Very Good Good Average Below Average Poor

DURING THE PAST 12 MONTHS, how many times has s/he been suspended?

DURING THE PAST 12 MONTHS, how many times has s/he been expelled?

FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:

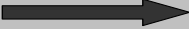
For the educational settings below, indicate where the youth...	was DURING THE PAST 12 MONTHS # of weeks	is CURRENTLY (mark all that apply)
Not in school of any kind	<input type="text"/> <input type="text"/>	<input type="radio"/>
High School / Adult Education	<input type="text"/> <input type="text"/>	<input type="radio"/>
Technical / Vocational School	<input type="text"/> <input type="text"/>	<input type="radio"/>
Community College / 4 year College	<input type="text"/> <input type="text"/>	<input type="radio"/>
Graduate School	<input type="text"/> <input type="text"/>	<input type="radio"/>
Other	<input type="text"/> <input type="text"/>	<input type="radio"/>

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

*excludes scheduled breaks and excused absences

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the youth's employment status... 	# OF WEEKS	AVERAGE HOURS/WEEK	AVERAGE HOURLY WAGE
<p>Competitive Employment: Paid employment <u>in the community in a position that is also open to individuals without a disability.</u></p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Transitional Employment/Enclave: Paid jobs <u>in the community</u> that are 1) <u>open only to individuals with a disability</u> 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.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs <u>open only to program participants with a disability.</u> A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>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.</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	
<p>Other Gainful/Employment Activity: Any informal employment activity that increases the youth'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).</p>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Unemployed</p>	<input type="text"/> <input type="text"/>		

CURRENT EMPLOYMENT

Indicate the youth's employment status... 	AVERAGE HOURS/WEEK	HOURLY WAGE
<p>Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.</p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>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.</p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.</p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>
<p>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.</p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	
<p>Other Gainful/Employment Activity: Any informal employment activity that increases the youth'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).</p>	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	\$ <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> . <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>

Check here if the youth is not employed at this time:

Does one of the youth'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 youth:	<u>DURING THE PAST 12 MONTHS</u> <i>(mark all that apply)</i>	<u>CURRENTLY</u> <i>(mark all that apply)</i>
Caregiver's Wages	<input type="radio"/>	<input type="radio"/>
Youth's Wages	<input type="radio"/>	<input type="radio"/>
Youth's Spouse / Significant Other's Wages	<input type="radio"/>	<input type="radio"/>
Savings	<input type="radio"/>	<input type="radio"/>
Child Support	<input type="radio"/>	<input type="radio"/>
Other Family Member / Friend	<input type="radio"/>	<input type="radio"/>
Retirement / Social Security Income	<input type="radio"/>	<input type="radio"/>
Veteran's Assistance Benefits	<input type="radio"/>	<input type="radio"/>
Loan / Credit	<input type="radio"/>	<input type="radio"/>
Housing Subsidy	<input type="radio"/>	<input type="radio"/>
General Relief / General Assistance	<input type="radio"/>	<input type="radio"/>
Food Stamps	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program	<input type="radio"/>	<input type="radio"/>
Social Security Disability Insurance (SSDI)	<input type="radio"/>	<input type="radio"/>
State Disability Insurance (SDI)	<input type="radio"/>	<input type="radio"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

LEGAL ISSUES / DESIGNATIONS

JUSTICE SYSTEM INVOLVEMENT

ARREST INFORMATION

Indicate the number of times the youth was arrested DURING THE PAST 12 MONTHS:

Was the youth arrested anytime PRIOR TO THE LAST 12 MONTHS? Yes No

PROBATION INFORMATION

Is the youth CURRENTLY on probation? Yes No

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

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

PAROLE INFORMATION

Is the youth CURRENTLY on parole? Yes No

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

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

CONSERVATORSHIP / PAYEE INFORMATION

CONSERVATORSHIP INFORMATION

Is the youth CURRENTLY on conservatorship? Yes No

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

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

PAYEE INFORMATION

Does the youth CURRENTLY have a payee? Yes No

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

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

DEPENDENT (W & I CODE 300 STATUS) INFORMATION

Is the youth CURRENTLY a dependent of the court? Yes No

Was the youth a dependent of the court DURING THE PAST 12 MONTHS? Yes No

Was the youth a dependent of the court anytime PRIOR TO THE LAST 12 MONTHS? Yes No

If the youth was ever a dependent of the court, indicate the year the youth was first placed on W & I Code 300 status:

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 youth had DURING THE PAST 12 MONTHS that were:

--	--

Physical Health Related

--	--

Mental Health / Substance Abuse Related

HEALTH STATUS

Does the youth have a primary care physician CURRENTLY? Yes No

Did the youth have a primary care physician DURING THE PAST 12 MONTHS? 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

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FULL SERVICE PARTNERSHIP
Adult Partnership Assessment Form
FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Partner's First Name	Partner's Last Name
<input type="text"/>	<input type="text"/>

Partnership Date (mmddyyyy)	Partner's Date of Birth (mmddyyyy)
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>

Who referred the partner? (mark one)

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

ADMINISTRATIVE INFORMATION

Provider Site ID	Full Service Partnership Program ID	Partnership Service Coordinator ID
<input type="text"/>	<input type="text"/>	<input type="text"/>

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

- AB2034 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:				PRIOR TO THE LAST 12 MONTHS (mark all that apply)
			# Occurrences		# Days (must = 365)		
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	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
With one or both biological/adoptive parents	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
With adult family member(s) other than parents	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
SHELTER / HOMELESS							
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
SUPERVISED PLACEMENT							
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Assisted Living Facility	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
HOSPITAL							
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
RESIDENTIAL PROGRAM							
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Long-Term Institutional Care (IMD, MHRC)	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
JUSTICE PLACEMENT							
Jail	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Prison	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>
Unknown	<input type="radio"/>	<input type="radio"/>					<input type="radio"/>

EDUCATION

Highest level of education completed:

- | | | |
|---|--|--|
| <input type="radio"/> No High School Diploma / No GED | <input type="radio"/> AA degree | <input type="radio"/> Less than 2 years graduate school |
| <input type="radio"/> GED Coursework | <input type="radio"/> Technical/Vocational Degree | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.) |
| <input type="radio"/> High School Diploma / GED | <input type="radio"/> 3-4 years college | <input type="radio"/> 3-4 years graduate training |
| <input type="radio"/> Less than 2 years college /
Some Technical / Vocational Training | <input type="radio"/> Bachelor's Degree (B.A., B.S.) | <input type="radio"/> 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	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>
High School / Adult Education	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>
Technical / Vocational School	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>
Community College / 4 year College	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>
Graduate School	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>
Other	<input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/>	<input type="radio"/>

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
<p>Competitive Employment: Paid employment <u>in the community in a position that is also open to individuals without a disability.</u></p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<p>Transitional Employment/Enclave: Paid jobs <u>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.</u></p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<p>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs <u>open only to program participants with a disability.</u> A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<p>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.</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	
<p>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).</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
<p>Unemployed</p>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>		

CURRENT EMPLOYMENT

Indicate the partner's employment status... 	AVERAGE HOURS/WEEK	HOURLY WAGE
<p>Competitive Employment: Paid employment <u>in the community in a position that is also open to individuals without a disability.</u></p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>Transitional Employment/Enclave: Paid jobs <u>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.</u></p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): Paid jobs <u>open only to program participants with a disability.</u> A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>
<p>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.</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	
<p>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).</p>	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>	\$ <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> . <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/>

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:	<u>DURING THE PAST 12 MONTHS</u> <i>(mark all that apply)</i>	<u>CURRENTLY</u> <i>(mark all that apply)</i>
Partner's Wages	<input type="radio"/>	<input type="radio"/>
Partner's Spouse / Significant Other's Wages	<input type="radio"/>	<input type="radio"/>
Savings	<input type="radio"/>	<input type="radio"/>
Other Family Member / Friend	<input type="radio"/>	<input type="radio"/>
Retirement / Social Security Income	<input type="radio"/>	<input type="radio"/>
Veteran's Assistance Benefits	<input type="radio"/>	<input type="radio"/>
Loan / Credit	<input type="radio"/>	<input type="radio"/>
Housing Subsidy	<input type="radio"/>	<input type="radio"/>
General Relief / General Assistance	<input type="radio"/>	<input type="radio"/>
Food Stamps	<input type="radio"/>	<input type="radio"/>
Temporary Assistance for Needy Families (TANF)	<input type="radio"/>	<input type="radio"/>
Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program	<input type="radio"/>	<input type="radio"/>
Social Security Disability Insurance (SSDI)	<input type="radio"/>	<input type="radio"/>
State Disability Insurance (SDI)	<input type="radio"/>	<input type="radio"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="radio"/>	<input type="radio"/>
Other	<input type="radio"/>	<input type="radio"/>

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? Yes No

PROBATION INFORMATION

Is the partner CURRENTLY on probation? Yes No

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

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

PAROLE INFORMATION

Is the partner CURRENTLY on parole? Yes No

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

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

CONSERVATORSHIP / PAYEE INFORMATION

CONSERVATORSHIP INFORMATION:

Is the partner CURRENTLY on conservatorship? Yes No

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

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

PAYEE INFORMATION:

Does the partner CURRENTLY have a payee? Yes No

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

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS? Yes 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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

FULL SERVICE PARTNERSHIP

Transition Age Youth Quarterly Assessment Form
FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth's First Name	Youth's Last Name	
<input type="text"/>	<input type="text"/>	
Date Completed (mmddyyyy)	Youth's Date of Birth (mmddyyyy)	
<input type="text"/> - <input type="text"/> - <input type="text"/>	<input type="text"/> - <input type="text"/> - <input type="text"/>	

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

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

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--



TAY KET
6/2/06

FULL SERVICE PARTNERSHIP

Transition Age Youth Key Event Tracking Form

FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input type="text"/>	<input type="text"/>	<input type="text"/>
Youth's First Name	Youth's Last Name	
<input type="text"/>	<input type="text"/>	
Date Completed (mmddyyyy)	Youth's Date of Birth (mmddyyyy)	
<input type="text"/>	<input type="text"/>	

CHANGE IN ADMINISTRATIVE INFORMATION

(skip this section if there are no changes)

Is the youth CURRENTLY involved in:

AB2034	YES <input type="radio"/>	NO <input type="radio"/>	Date of AB2034 change (mmddyyyy): <input type="text"/>
Governor's Homeless Initiative (GHI)	YES <input type="radio"/>	NO <input type="radio"/>	Date of Governor's Homeless Initiative (GHI) change (mmddyyyy): <input type="text"/>
Transition Age Youth Program	YES <input type="radio"/>	NO <input type="radio"/>	Date of Transition Age Youth Program change (mmddyyyy): <input type="text"/>
Date of Provider Site ID Change (mmddyyyy): <input type="text"/>	NEW Provider Site ID <input type="text"/>		
Date of Full Service Partnership Program ID Change (mmddyyyy): <input type="text"/>	NEW Full Service Partnership Program ID <input type="text"/>		
Date of Partnership Service Coordinator ID Change (mmddyyyy): <input type="text"/>	NEW Partnership Service Coordinator ID <input type="text"/>		
Date of Partnership Status Change (mmddyyyy): <input type="text"/>	<p>Indicate new partnership status:</p> <input type="radio"/> Discontinuation/Interruption of Full Service Partnership and/or community services / program (indicate reason below) <input type="radio"/> Reestablishment of Full Service Partnership and/or community services / program		

If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or community services / program, indicate the reason (mark one):

- Target population criteria are not met.
- Youth decided to discontinue Full Service Partnership participation after partnership established.
- Youth moved to another county/service area.
- After repeated attempts to contact youth, s/he cannot be located.
- Community services/program interrupted -Youth's circumstances reflect a need for residential/institutional mental health services at this time (such as IMD, MHRC, State Hospital).
- Community services/program interrupted - Youth will be serving jail/prison sentence.
- Youth has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.
- Youth is deceased.

RESIDENTIAL INFORMATION - includes hospitalization and incarceration
(skip this section if there are no changes)

Date of Residential Status Change (mmddyyyy): - -

Indicate the new residential status (mark one):

GENERAL LIVING ARRANGEMENT

- With one or both biological/adoptive parents
- With adult family member(s) other than parents - non-foster care
- In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage
- Single Room Occupancy (must hold lease)
- Foster Home (with relative)
- Foster Home (with non-relative)

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.)
- 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

- Group Home (Level 0-11)
- Group Home (Level 12-14)
- Community Treatment Facility
- 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

- Juvenile Hall / Camp / Ranch
- California Youth Authority
- Jail
- Prison
- Other
- Unknown

EDUCATION

(skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mmddyyyy)

		-			-					
--	--	---	--	--	---	--	--	--	--	--

Level of education completed:

- | | | | |
|------------------------------------|--------------------------------------|---|---|
| <input type="radio"/> Day Care | <input type="radio"/> 6th Grade | <input type="radio"/> High School Diploma / GED | <input type="radio"/> Less than 2 years graduate school |
| <input type="radio"/> Pre-School | <input type="radio"/> 7th Grade | <input type="radio"/> Less than 2 years college /
Some Technical / Vocational Training | <input type="radio"/> Master's degree (e.g., M.A., M.S.W.) |
| <input type="radio"/> Kindergarten | <input type="radio"/> 8th Grade | <input type="radio"/> AA degree | <input type="radio"/> 3-4 years graduate training |
| <input type="radio"/> 1st Grade | <input type="radio"/> 9th Grade | <input type="radio"/> Technical/Vocational Degree | <input type="radio"/> Doctoral degree (e.g., M.D., Ph.D.) |
| <input type="radio"/> 2nd Grade | <input type="radio"/> 10th Grade | <input type="radio"/> 3-4 years college | <input type="radio"/> Level Unknown
(e.g., youth in non-public school) |
| <input type="radio"/> 3rd Grade | <input type="radio"/> 11th Grade | <input type="radio"/> Bachelor's Degree (B.A., B.S.) | |
| <input type="radio"/> 4th Grade | <input type="radio"/> 12th Grade | | |
| <input type="radio"/> 5th Grade | <input type="radio"/> GED Coursework | | |

SUSPENSION INFORMATION

Date of Suspension (mmddyyyy)

		-			-					
--	--	---	--	--	---	--	--	--	--	--

EXPULSION INFORMATION

Date of Expulsion (mmddyyyy)

		-			-					
--	--	---	--	--	---	--	--	--	--	--

FOR YOUTH WHO ARE NOT REQUIRED BY LAW TO ATTEND SCHOOL:

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mmddyyyy)

		-			-					
--	--	---	--	--	---	--	--	--	--	--

Indicate the new educational setting(s) (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

If stopping school, did the youth complete a class and/or program? Yes No

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

EMPLOYMENT
(skip this section if there are no changes)

Date of Employment Change (mmddyyyy): - -

CURRENT EMPLOYMENT		
Indicate the youth's employment status... 	AVERAGE HOURS/WEEK	HOURLY WAGE
<p>Competitive Employment: <u>Paid employment in the community in a position that is also open to individuals without a disability.</u></p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Transitional Employment/Enclave: <u>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.</u></p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>Paid In-House Work (Sheltered Workshop/Work Experience/Agency-Owned Business): <u>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.</u></p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
<p>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.</p>	<input type="text"/> <input type="text"/>	
<p>Other Gainful/Employment Activity: Any informal employment activity that increases the youth'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).</p>	<input type="text"/> <input type="text"/>	\$ <input type="text"/> <input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

Check here if the youth is not employed at this time:

Does one of the youth's current recovery goals include any kind of employment at this time? Yes No

LEGAL ISSUES / DESIGNATIONS
(skip this section if there are no changes)

ARREST INFORMATION

Date Youth Arrested (mmddyyyy): - -

PROBATION / PAROLE INFORMATION

Date of Probation Status Change (mmddyyyy):

- -

Indicate new probation status:

Removed From Probation Placed on Probation

Date of Parole Status Change (mmddyyyy):

- -

Indicate new parole status:

Removed From Parole Placed on Parole

CONSERVATORSHIP / PAYEE INFORMATION

Date of Conservatorship

Status Change (mmddyyyy):

- -

Indicate new conservatorship status:

Removed from conservatorship Placed on conservatorship

Date of Payee Status Change (mmddyyyy):

- -

Indicate new payee status:

Removed from payee status Placed on payee status

DEPENDENT (W & I CODE 300 STATUS) INFORMATION

Date of W & I Code 300

Status Change (mmddyyyy):

- -

Indicate new W&I Code 300 status:

Removed From W & I Code 300 Status Placed on W & I Code 300 Status

EMERGENCY INTERVENTION

(skip this section if there are no changes)

Date of Emergency Intervention (mmddyyyy):

- -

Indicate the type of emergency intervention:

(e.g., emergency room visit, crisis stabilization unit)

Physical Health Related Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS

Date of County Use Field #1 Change (mmddyyyy):

- -

Indicate NEW County Use Field #1

Date of County Use Field #2 Change (mmddyyyy):

- -

Indicate NEW County Use Field #2

Date of County Use Field #3 Change (mmddyyyy):

- -

Indicate NEW County Use Field #3

FULL SERVICE PARTNERSHIP
Adult Key Event Tracking Form
FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County Number	CSI County Client Number	Unique County ID (optional)
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>
Partner's First Name	Partner's Last Name	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	
Date Completed (mmddyyyy)	Partner's Date of Birth (mmddyyyy)	
<input style="width:100%;" type="text"/>	<input style="width:100%;" type="text"/>	

CHANGE IN ADMINISTRATIVE INFORMATION

(skip this section if there are no changes)

Is the partner CURRENTLY involved in:

YES NO

AB2034

Date of AB2034 change (mmddyyyy):

YES NO

Governor's Homeless Initiative (GHI)

Date of Governor's Homeless Initiative (GHI) change (mmddyyyy):

Date of Provider Site ID Change (mmddyyyy):

NEW Provider Site ID

Date of Full Service Partnership Program ID Change (mmddyyyy):

NEW Full Service Partnership Program ID

Date of Partnership Service Coordinator ID Change (mmddyyyy):

NEW Partnership Service Coordinator ID

Date of Partnership Status Change (mmddyyyy):

Indicate new partnership status:

- | | |
|--|---|
| <input type="radio"/> Discontinuation/Interruption of Full Service Partnership and/or community services / program (indicate reason below) | <input type="radio"/> Reestablishment of Full Service Partnership and/or community services / program |
|--|---|

If there is a DISCONTINUATION/INTERRUPTION of Full Service Partnership and/or community services / program, indicate the reason (mark one):

- Target population criteria are not met.
- Partner decided to discontinue Full Service Partnership participation after partnership established.
- Partner moved to another county/service area.
- After repeated attempts to contact partner, partner cannot be located.
- Community services/program interrupted - Partner's circumstances reflect a need for residential/institutional mental health services at this time (such as IMD, MHRC, State Hospital).
- Community services/program interrupted - Partner will be serving jail/prison sentence.
- Partner has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.
- Partner is deceased.

RESIDENTIAL INFORMATION - includes hospitalization and incarceration
(skip this section if there are no changes)

Date of Residential Status Change (mmddyyyy): - -

Indicate the new residential status (mark one):

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
(skip this section if there are no changes)

GRADE LEVEL INFORMATION

Date of Grade Level Completion (mmddyyyy)

- -

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.)

EDUCATIONAL SETTING INFORMATION

Date of Educational Setting Change (mmddyyyy)

- -

Indicate the new educational setting(s) (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

If stopping school, did the partner complete a class and/or program? Yes No

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

EMPLOYMENT

(skip this section if there are no changes)

Date of Employment Change (mmddyyyy): - -

CURRENT EMPLOYMENT		
Indicate the partner's employment status... 	AVERAGE HOURS/WEEK	HOURLY WAGE
<p>Competitive Employment: <u>Paid employment in the community in a position that is also open to individuals without a disability.</u></p>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>
<p>Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.</p>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>
<p>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.</p>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>
<p>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.</p>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>
<p>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.</p>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	
<p>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).</p>	<input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>	\$ <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> . <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 25px; border: 1px solid black;" type="text"/>

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

LEGAL ISSUES / DESIGNATIONS

(skip this section if there are no changes)

ARREST INFORMATION

Date Partner Arrested (mmddyyyy): - -

PROBATION / PAROLE INFORMATION

Date of Probation Status Change (mmddyyyy):

- -

Indicate new probation status:

Removed From Probation Placed on Probation

Date of Parole Status Change (mmddyyyy):

- -

Indicate new parole status:

Removed From Parole Placed on Parole

CONSERVATORSHIP / PAYEE INFORMATION

Date of Conservatorship

Status Change (mmddyyyy):

- -

Indicate new conservatorship status:

Removed from conservatorship Placed on conservatorship

Date of Payee Status Change (mmddyyyy):

- -

Indicate new payee status:

Removed from payee status Placed on payee status

EMERGENCY INTERVENTION

(skip this section if there are no changes)

Date of Emergency Intervention (mmddyyyy):

- -

Indicate the type of emergency intervention:

(e.g., emergency room visit, crisis stabilization unit)

Physical Health Related Mental Health / Substance Abuse Related

COUNTY USE QUESTIONS

Date of County Use Field #1 Change (mmddyyyy):

- -

Indicate NEW County Use Field #1

Date of County Use Field #2 Change (mmddyyyy):

- -

Indicate NEW County Use Field #2

Date of County Use Field #3 Change (mmddyyyy):

- -

Indicate NEW County Use Field #3