

TAY PAF 6/2/06

FULL SERVICE PARTNERSHIP

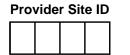
Transition Age Youth Partnership Assessment Form

FOR AGES 16-25 YEARS

PARTNERSHIP INFORMATION

County Number CSI County Client Number		Unique County ID (optional)														
Youth's First Na	me	You	uth's La	ast Nar	ne											
Partnership Date	e (mmddyyyy)	Youth's D	ate of E	Birth (n	nmdo	łyyy	y)									
- 🗌	-		-													
Who referred the	e youth? (mark on	e)														
O Self O Mental Health F				Comm	munity Agency O Juvenile Hall / Camp / Rar					nch	/					
O Family Member (e.g., parent, guardian, O Social Services			Agency California Youth Authority													
sibling, aunt, uncle, grandparent) O Significant Other O Substance Abus			se Treat	e Treatment Facility / Agency O Jail / Prison												
(e.g., boyfriend/girlfriend, spouse)							-	O Acute Psychiatric / State Hospital					oital			
O Friend/Neighbo	JI (i.e., unrelated other)	O Faith-based Org	Janizalic						O Otł	nor						
O School O Other County/Co			ommuni	ty Age	ncy				0.01							
O Primary Care /	Medical Office	O Homeless Shelt	er													
O Emergency Ro	om	O Street Outreach														

ADMINISTRATIVE INFORMATION



F	Full	Ser	vice	Par	tnership	Program	ID
ſ							



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

O AB2034 O Governor's Homeless Initiative (GHI)

O Transition Age Youth Program



RESIDENTIAL INFORMATION (includes hospitalization and incarceration)

Setting		YESTERDAY (as of 11:59 p.m. the day BEFORE partnership)	DURING THE PAST 12 MONTHS indicate the TOTAL: # Occurrences # Days (must = 365)			PRIOR TO THE LAST 12 MONTHS (mark all that apply)		
GENERAL LIVING ARRANGEMENT			_		-			
With one or both biological/adoptive parents	0	0						0
With adult family member(s) other than parents - non-foster care	0	0						0
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	0	0						0
Single Room Occupancy (must hold lease)	0	0						0
Foster Home (with relative)	0	0						0
Foster Home (with non-relative)	0	0						
SHELTER / HOMELESS								
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	0	0						0
Homeless (includes people living in their cars)	0	0						0
SUPERVISED PLACEMENT								
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	0	0						0
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	0	0						0
Licensed Community Care Facility (Board and Care)	0	0						0
HOSPITAL								
Acute Medical Hospital	0	0						0
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	0	0						0
State Psychiatric Hospital	0	0						0
RESIDENTIAL PROGRAM								
Group Home (Level 0-11)	0	0						0
Group Home (Level 12-14)	0	0						0
Community Treatment Facility	0	0						0
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	0	0						0
Skilled Nursing Facility (physical)	0	0						0
Skilled Nursing Facility (psychiatric)	0	0						0
Long-Term Institutional Care (IMD, MHRC)	0	0						0
JUSTICE PLACEMENT								
Juvenile Hall / Camp / Ranch	0	0						0
California Youth Authority	0	0						0
Jail	0	0						0
Prison	0	0						0
Other	0	0						0
Unknown	0	0						0

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		EDUCAT	ION							
Highest level of e	ducation completed:									
O Day Care	O 6th Grade	O High School Diploma	a/GED O M	aster's degree (e.g., M.A., M.S.W	.)					
O Pre-School	O 7th Grade O Less than 2 years college / O 3-4 years graduate training									
O Kindergarten	O 8th Grade Some Technical/Vocational Training O Doctoral degree (e.g., M.D., Ph.D.)									
O 1st Grade	O 9th Grade									
O 2nd Grade	O 10th Grade	O Technical/Vocational Degree (e.g., youth in non-public school)								
O 3rd Grade	O 11th Grade	O 3-4 years college								
O 4th Grade	O 12th Grade	O Bachelor's Degree (B.A., B.S.)							
O 5th Grade	O GED Coursework	O Less than 2 years gr	aduate school							
Is the youth CURF	RENTLY receiving spec	ial education due to se	rious emotional distur	bance? O Yes O No						
Is the youth CURF	RENTLY receiving spec	ial education due to an	other reason? O Yes	s O No						
FOR YOUTH WHO	FOR YOUTH WHO ARE <u>REQUIRED</u> BY LAW TO ATTEND SCHOOL:									
	h's attendance* level		Estimate the youth's a	ttendance* level						
	ST 12 MONTHS: ds school (never truant)	(CURRENTLY: O Always attends sci	hool (never truant)						
	ol most of the time		O Attends school mo							
O Sometimes a			O Sometimes attend							
O Infrequently a O Never attends			O Infrequently attend O Never attends sch							
	SCHOOL									
CURRENTLY, h	is/her grades are: O \	/ery Good O Good C	Average O Below Av	verage O Poor						
DURING THE P	AST 12 MONTHS, his/h	er grades were: O Ver	y Good O Good O A	Average O Below Average O P	'oor					
DURING THE P	AST 12 MONTHS, how I	many times has s/he be	en suspended?] 1						
DURING THE P	AST 12 MONTHS, how I	many times has s/he be	en expelled?	J						
FOR YOUTH WHO	D ARE <u>NOT</u> REQUIRED	BY LAW TO ATTEND S	CHOOL:		=					
			was DURING							
For the edu youth	ucational settings below	w, indicate where the	THE PAST 12 MONT # of weeks	HS is CURRENTLY (mark all that apply)						
	Not	in school of any kind		0						
	High Sch	ool / Adult Education								
	High Sch									
	Technic		0							
				^						
	Community Co	ollege / 4 year College		0						
		Graduate School		0						
		Other		0						

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

EMPLOYMENT

EMPLOYMENT DURING	THE PAST	12 MONTHS	6
Indicate the youth'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 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).			\$
Unemployed			

CURRENT EMPLOYMENT							
Indicate the youth'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 <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)</i> <i>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.		\$					
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 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).		\$					

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

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

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used	DURING THE	
to meet the needs of the youth:	PAST 12 MONTHS	<u>CURRENTLY</u>
······································	(mark all that apply)	(mark all that apply)
Caregiver's Wages	0	0
Youth's Wages	0	0
Youth's Spouse / Significant Other's Wages	0	0
Savings	0	0
Child Support	0	0
Other Family Member / Friend	0	0
Retirement / Social Security Income	0	0
Veteran's Assistance Benefits	0	0
Loan / Credit	0	0
Housing Subsidy	0	0
General Relief / General Assistance	0	0
Food Stamps	0	0
Temporary Assistance for Needy Families (TANF)	0	0
Supplemental Security Income / State Supplementary Payment (SSI/SSP)	Program O	0
Social Security Disability Insurance (SSDI)	0	0
State Disability Insurance (SDI)	0	0
American Indian Tribal Benefits	0	0
(e.g., per capita, revenue sharing, trust disbursements)	-	
Other	0	0

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? O Yes O No

PROBATION INFORMATION

Is the youth CURRENTLY on probation? O Yes O No Was the youth on probation DURING THE PAST 12 MONTHS? O Yes O No Was the youth on probation anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

PAROLE INFORMATION

Is the youth CURRENTLY on parole? O Yes O No Was the youth on parole DURING THE PAST 12 MONTHS? O Yes O No Was the youth on parole anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

CONSERVATORSHIP / PAYEE INFORMATION

CONSERVATORSHIP INFORMATION

Is the youth CURRENTLY on conservatorship? O Yes O No Was the youth on conservatorship DURING THE PAST 12 MONTHS? O Yes O No Was the youth on conservatorship anytime PRIOR TO THE LAST 12 MONTHS? O Yes O No

PAYEE INFORMATION

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

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

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

DEPENDENT (W & I CODE 300 STATUS) INFORMATION

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

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

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

Did the youth have a primary care physician DURING THE PAST 12 MONTHS? O Yes O No

SUBSTANCE ABUSE

In the opinion of the partnership service coord	linator, o	does the youth ha	ve a co-occurring
mental illness and substance use problem?	O Yes	O No	

Is this an active problem? O Yes O No

Is the youth CURRENTLY receiving substance abuse services? O Yes O No

COUNTY USE QUESTIONS

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 #3



ADULT PAF	
6/2/06	

FULL SERVICE PARTNERSHIP

Adult Partnership Assessment Form

FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

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

ADMINISTRATIVE INFORMATION

FIU	viue	Sit	еш

Dravidar Sita 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 indicate # Occurrence			ne TO [.] I [#]		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	0	0						0	
With one or both biological/adoptive parents	0	0						0	
With adult family member(s) other than parents	0	0						0	
Single Room Occupancy (must hold lease)	0	0						0	
SHELTER / HOMELESS				•					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	0	0						0	
Homeless (includes people living in their cars)	0	0						0	
SUPERVISED PLACEMENT									
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	0	0						0	
Assisted Living Facility	0	0						0	
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	0	0						0	
Licensed Community Care Facility (Board and Care)	0	0						0	
HOSPITAL									
Acute Medical Hospital	0	0						0	
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	0	0						0	
State Psychiatric Hospital	0	0						0	
RESIDENTIAL PROGRAM				-					
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	0	0						0	
Skilled Nursing Facility (physical)	0	0						0	
Skilled Nursing Facility (psychiatric)	0	0						0	
Long-Term Institutional Care (IMD, MHRC)	0	0						0	
JUSTICE PLACEMENT									
Jail	0	0						0	
Prison	0	0						0	
Other	0	0						0	
Unknown	0	0						0	

EDUCATION

Highest level of education completed:

- O No High School Diploma / No GED
- O GED Coursework
- O High School Diploma / GED
- O Less than 2 years college / Some Technical / Vocational Training
- O AA degree
 - O Technical/Vocational Degree
 - O 3-4 years college
 - O Bachelor's Degree (B.A., B.S.)
- O Less than 2 years graduate school
- O Master's degree (e.g., M.A., M.S.W.)
- O 3-4 years graduate training
- O 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		0
High School / Adult Education		0
Technical / Vocational School		0
Community College / 4 year College		0
Graduate School		0
Other		0

Does one of the partner's current recovery goals include any kind of education at this time? O Yes O 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 <u>in the community in a position that is also</u> <u>open to individuals without a disability</u> .			\$
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			
	·1		

CURRENT EMPL	OYMENT	
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 <u>open only to program participants with a disability</u> . 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: \Box

Does one of the partner's current recovery goals include any kind of employment at this time? O Yes O 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
Partner's Wages	0	0
Partner's Spouse / Significant Other's Wages	0	0
Savings	0	0
Other Family Member / Friend	0	0
Retirement / Social Security Income	0	0
Veteran's Assistance Benefits	0	0
Loan / Credit	0	0
Housing Subsidy	0	0
General Relief / General Assistance	0	0
Food Stamps	0	0
Temporary Assistance for Needy Families (TANF)	0	0
Supplemental Security Income / State Supplementary Payment (SSI/SSP)	Program O	0
Social Security Disability Insurance (SSDI)	0	0
State Disability Insurance (SDI)	0	0
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	0	0
Other	0	0

LEGAL ISSUES / DESIGNATIONS

JUSTICE SYSTEM INVOLVEMENT

ARREST INFORMATION

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

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? O Yes O No

Did the partner have a primary care physician DURING THE PAST 12 MONTHS? O Yes O No

SUBSTANCE ABUSE

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

Is this an active problem? O Yes O No

Is the partner CURRENTLY receiving substance abuse services? O Yes O No

COUNTY USE QUESTIONS

	To be tracked on the KEY EVENT TRACKING form: County Use Field #1													
	Inty	Use	Fie							-	-			
Οοι	County Use Field #2													
Cou	County Use Field #3													
To b	e tra	cke	d on	the	QU	ART	ERL	.Y A	SSE	SSN	/IEN	T fo	rm:	
Cou	Inty	Use	Fiel	ld #1										
	County Use Field #2													
Cou	inty	Use	Fiel	d #2	2									
Cou	inty	Use	Fiel	d #2	2									
	inty													
	_													



FULL SERVICE PARTNERSHIP Transition Age Youth Quarterly Assessment Form FOR AGES 16-25 YEARS **PARTNERSHIP INFORMATION CSI County Client Number County Number** Unique County ID (optional) Youth's First Name Youth's Last Name Date Completed (mmddyyyy) Youth's Date of Birth (mmddyyyy) **EDUCATION** Is the youth CURRENTLY receiving special education due to serious emotional disturbance? O Yes O No Is the youth CURRENTLY receiving special education due to another reason? O Yes O No FOR YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL: Estimate the youth's attendance level CURRENTLY, his/her grades are: CURRENTLY: O Very Good O Always attends school (never truant) O Good O Attends school most of the time O Average O Sometimes attends school

- O Infrequently attends school
- O Never attends school

O Below Average

O Poor

TAY 3M 6/2/06

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):

(0	Caregiver Wages
(0	Youth Wages
(0	Youth's Spouse / Significant Other's Wages
(0	Savings
(0	Child Support
(0	Other Family Member / Friend
(0	Retirement / Social Security Income
(0	Veteran's Assistance Benefits
(0	Loan / Credit
(0	Housing Subsidy
(0	General Relief / General Assistance
(0	Food Stamps
(0	Temporary Assistance for Needy Families (TANF)
(0	Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program
(0	Social Security Disability Insurance (SSDI)
(0	State Disability Insurance (SDI)
(0	American Indian Tribal Benefits
	<u> </u>	(e.g., per capita, revenue sharing, trust disbursements)
(0	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? O Yes O No

SUBSTANCE ABUSE

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

Is this an active problem? O Yes O No

Is the youth CURRENTLY receiving substance abuse services? O Yes O No

TAY 3M 6/2/06

COUNTY USE QUESTIONS

Indi	Indicate NEW County Use Field #1													
Indi	Indicate NEW County Use Field #2													
Indi	Indicate NEW County Use Field #3													

Mental Health

FULL SERVICE PARTNERSHIP



Adult Quarterly Assessment Form FOR AGES 26-59 YEARS 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):

0	Partner's Wages
0	Partner's Spouse / Significant Other's Wages
0	Savings
0	Other Family Member / Friend
0	Retirement / Social Security Income
0	Veteran's Assistance Benefits
0	Loan / Credit
0	Housing Subsidy
0	General Relief / General Assistance
0	Food Stamps
0	Temporary Assistance for Needy Families (TANF)
0	Supplemental Security Income / State Supplementary Payment (SSI/SSP) Program
0	Social Security Disability Insurance (SSDI)
0	State Disability Insurance (SDI)
0	American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)
0	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? O Yes O No

SUBSTANCE ABUSE

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

Is this an active problem? O Yes O No

Is the partner CURRENTLY receiving substance abuse services? O Yes O No

COUNTY USE QUESTIONS

Indicate NEW County Use Field #1

Indicate NEW County Use Field #2

Indicate NEW County Use Field #3

ГТ							

RFP 952-5123 Exhibit N Page 22 of 30	mit M	ental Health VICE PARTNERSHIP	TAY KET 6/2/06
<u>Transition</u>		th Key Event Trac	<u>king Form</u>
	_	GES 16-25 YEARS	
		SHIP INFORMATION	
County Number CSI County Client	Number	Unique County ID (optional)
Youth's First Name	Yo	outh's Last Name	
Date Completed (mmddyyyy)	Youth's	Date of Birth (mmddyyyy)	
		-	
CHANG		NISTRATIVE INFORM	MATION
Is the youth CURRENTLY involve		tion if there are no changes)	
	YES NO	Date of AB2034 change (mmde	dyyyy):
AB2034			
		Date of Governor's Homeless	Initiative (GHI) change (mmddyyyy):
Covernaria Hamalaaa Inidiatiwa (CHI	YES NO		
Governor's Homeless Initiative (GHI) 0 0		
	YES NO	Date of Transition Age Youth F	³ rogram change (mmddyyyy):
Transition Age Youth Program			
Date of Provider Site ID Change (n	nmddyyyy):	NEW Provide	r Site ID
Date of Full Service Partnership P	rogram ID Chang	ge (mmddyyyy): NEW Full Serv	vice Partnership Program ID
			7
Date of Partnership Service Coord	linator ID Chang	e (mmddyyyy): NEW Partners	 ship Service Coordinator ID
Date of Partnership Status Change	e (mmddyyyy):	Indicate new partnership sta	
		 O Discontinuation/Interruption o Service Partnership and/or community services / program (indicate reason below) 	Full Service Partnership and/or
If there is a DISCONTINUATION/INTE indicate the reason (mark one):	RRUPTION of Fu	,	ommunity services / program,

O Target population criteria are not met.

O Youth decided to discontinue Full Service Partnership participation after partnership established.

O Youth moved to another county/service area.

O After repeated attempts to contact youth, s/he cannot be located.

O 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).

O Community services/program interrupted - Youth will be serving jail/prison sentence.

O Youth has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.

O Youth is deceased.



RESIDENTIAL INFORMATION - includes (skip this section if there are i					
Date of Residential Status Change (mmddyyyy):					
Indicate the new residential status (mark one):					
GENERAL LIVING ARRANGEMENT	RESIDENTIAL PROGRAM				
O With one or both biological/adoptive parents	O Group Home (Level 0-11)				
${\sf O}$ With adult family member(s) other than parents - non-foster care	O Group Home (Level 12-14)				
O In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate - must hold lease or share in rent / mortgage	O Community Treatment Facility				
O Single Room Occupancy (must hold lease)	O Licensed Residential Treatment (includes crisis, short-term,				
O Foster Home (with relative)	long-term, substance abuse, dual diagnosis residential programs)				
O Foster Home (with non-relative)	O Skilled Nursing Facility (physical)				
SHELTER / HOMELESS	O Skilled Nursing Facility (psychiatric)				
C Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	O Long-Term Institutional Care (IMD, MHRC)				
O Homeless (includes people living in their cars)	JUSTICE PLACEMENT				
SUPERVISED PLACEMENT	O Juvenile Hall / Camp / Ranch				
O Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants, etc.)	O California Youth Authority				
O Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	O Jail				
O Licensed Community Care Facility (Board and Care)	O Prison				
HOSPITAL	O Other				
O Acute Medical Hospital	•				
O Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	O Unknown				

O State Psychiatric Hospital



EDUCATION (skip this section if there are no changes)									
GRADE LEVEL	GRADE LEVEL INFORMATION								
Date of Grade Le	evel Completion (mmd	dyyyy)							
Level of education	on completed:								
O Day Care	O 6th Grade	O High School I	Diploma / GED	O Less than 2 years graduate school					
O Pre-School	O 7th Grade	O Less than 2 y	ears college /	O Master's degree (e.g., M.A., M.S.W.)					
O Kindergarten	O 8th Grade	Some Techn	nical / Vocational Training	O 3-4 years graduate training					
O 1st Grade	O 9th Grade	O AA degree		O Doctoral degree (e.g., M.D., Ph.D.)					
O 2nd Grade	O 10th Grade	O Technical/Vo	cational Degree	O Level Unknown					
O 3rd Grade	O 11th Grade	O 3-4 years coll	(e.g., youth in non-public school)						
O 4th Grade	O 4th Grade O 12th Grade O Bachelor's Degree (B.A., B.S.)								
O 5th Grade	O GED Coursework								
	SUSPENSION INFORMATION EXPULSION INFORMATION Date of Suspension (mmddyyyy) Date of Expulsion (mmddyyyy) - - - -								
FOR YOUTH WHO A	ARE <u>NOT</u> REQUIRED B	Y LAW TO ATTE	ND SCHOOL:						
	SETTING INFORM								
	onal Setting Change (r								
			Indicate the new educa	ational setting(s) (mark all that apply):					
			O Not in school of any	kind					
			O High School / Adult	Education					
			O Technical / Vocation	nal School					
			O Community College	/ 4 year College					
			O Graduate School						
			O Other						

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

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



EMPLOYI (skip this section if the							
Date of Employment Change (mmddyyyy):							
CURRENT EMPLOYMENT							
Indicate the youth'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 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).		\$					

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



	S / DESIGNATIONS n if there are no changes)
ARREST INFORMATION	
Date Youth Arrested (mmddyyyy):	
PROBATION / PAROLE INFORMATION	
Date of Probation Status Change (mmddyyyy):	Indicate new probation status:
	O Removed From Probation O Placed on Probation
Date of Parole Status Change (mmddyyyy):	Indicate new parole status:
	O Removed From Parole O Placed on Parole
CONSERVATORSHIP / PAYEE INFORMATION	<u>N</u>
Date of Conservatorship Status Change (mmddyyyy):	Indicate new conservatorship status:
	O Removed from conservatorship O Placed on conservatorship
Date of Payee Status Change (mmddyyyy):	Indicate new payee status:
	O Removed from payee status O Placed on payee status
DEPENDENT (W & I CODE 300 STATUS) INF	ORMATION
Date of W & I Code 300 Status Change (mmddyyyy):	Indicate new W&I Code 300 status:
	O Removed From W & I Code 300 Status O Placed on W & I Code 300 Status
	CY INTERVENTION
(skip this sectio	n if there are no changes)
	cate the type of emergency intervention: g., emergency room visit, crisis stabilization unit)
	hysical Health Related O Mental Health / Substance Abuse Related
	JSE 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

RFP 952-5123 Exhibit N Page 27 of 30	MGM⊂ FULL SE Adult Key	ental Health RVICE PARTNERSHIP Event Tracking Form AGES 26-59 YEARS	ADULT KET 6/2/06
	PARTNERS	SHIP INFORMATION	
County Number CSI County	Client Number	Unique County ID (optional)	
Partner's First Name	Pa	rtner's Last Name	
Date Completed (mmddyyyy)	Partner's	a Date of Birth (mmddyyyy)	
		-	
Is the partner CURRENTLY	(skip this sect (involved in: YES NO AB2034 O O YES NO	ISTRATIVE INFORMATION ion if there are no changes) Date of AB2034 change (mmddyyyy):	I) change (mmddyyyy):
Date of Provider Site ID Cha Date of Full Service Partner Program ID Change (mmdd	rship	NEW Provider Site ID NEW Full Service Partnership Program ID	
Date of Partnership Service Change (mmddyyyy):		NEW Partnership Service Coordinator ID	
Date of Partnership Status (Service Partnership and/or Full S	tablishment of ervice Partnership and/or nunity services / program

indicate the reason (mark one):

- O Target population criteria are not met.
- O Partner decided to discontinue Full Service Partnership participation after partnership established.
- O Partner moved to another county/service area.
- O After repeated attempts to contact partner, partner cannot be located.
- O 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).
- O Community services/program interrupted Partner will be serving jail/prison sentence.

O Partner has successfully met his/her goals such that discontinuation of Full Service Partnership is appropriate.

O Partner is deceased.

															,	
RESIDENTIAL INFORM									zati	ion	and	d inc	arce	ratior	า	
Date of Residential Status Change (mmddyn	<u>مم.</u> [1			1			Τ							
Date of Residential Status Change (mmddyy)	/y).		-			-										
Indicate the new residential status (mark one	<u>.):</u>		•													
GENERAL LIVING ARRANGEMENT	· .	, .			R	ESID	ENT		PRO	GRA	м					
O In an apartment or house alone / with spouse dependents / roommate - must hold lease or					other	0							`	les crisis, s ential prog	,	
O With one or both biological/adoptive parents						0	-					(physic		onnai prog	iaino)	
 With adult family member(s) other than parer O Single Room Occupancy (must hold lease) 	nts					0	Skil	lled N	lursi	ng Fa	acility	(psych	iatric)			
3 1 2 1 2 1						0	Lon	ng-Te	rm Ir	nstitu	itional	Care (IMD, M	IHRC)		
SHELTER / HOMELESS O Emergency Shelter / Temporary Housing (incl	udes pe	ople living wi	th friend	ds but				•				,		,		
D Homeless (includes people living in their cars)					J	-	Jail	PLAC								
						-	Pris									
O Unlicensed but supervised individual placeme	ent (inc	ludes paid ca	aretake	rs,	C) Ot	her									
personal care attendants, etc.) O Assisted Living Facility					C) UI	nkno	wn								
O Unlicensed but supervised congregate placer sober living homes)	ment (includes grou	ıp living	homes	,											
O Licensed Community Care Facility (Board an	d Care	e)														
HOSPITAL																
O Acute Medical Hospital																
O Acute Psychiatric Hospital / Psychiatric Heal	th Fac	ility (PHF)														
O State Psychiatric Hospital																
		DUC	A1	ΓΙΟ	N											
(skip this						ос	ha	nge	es)							
GRADE LEVEL INFORMATION									-							
Date of Grade Level Completion (mmddyyy	/y)															
Level of education completed:																
O No High School Diploma / No GED	ΟA	A degre	е						0	Les	ss tha	an 2 y	ears o	gradua	te sch	ool
O GED Coursework	ОТ	echnical	/Voc	catior	nal D	egre	ee		0	Ма	ster's	s degr	ee (e	.g., M./	A., M.S	S.W.)
O High School Diploma / GED	O 3-	4 years	colle	ege					0	3-4	yea	rs gra	duate	trainin	ng	
O Less than 2 years college /	ОВ	achelor'	s De	gree	(B.A	., B	.S.))	0	Do	ctora	l degr	ee (e	.g., M.I	D., Ph.	D.)
Some Technical / Vocational Training																
EDUCATIONAL SETTING INFORMATIO	<u>N</u>															
Date of Educational Setting Change (mmddyy)	yy)	Indicat	e th	e ne	w ed	uca	tior	nal s	setti	ing(s) (n	nark a	all tha	t apply	<u>y):</u>	
		O Not i O High				•		ation				nunity ate So		ge / 4 y	/ear Co	ollege
		O Tech	nica	ul / Vo	ocatio	onal	Scł	hool	C	00	ther					

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

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

EMPLOYI (skip this section if the							
Date of Employment Change (mmddyyyy):							
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 <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)</i> <i>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.		\$					
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	s time? O Yes O No					

Page 30 of 30	ADULT KET 6/2/06
	ES / DESIGNATIONS n if there are no changes)
ARREST INFORMATION	
Date Partner Arrested (mmddyyyy):	
PROBATION / PAROLE INFORMATION	
Date of Probation Status Change (mmddyyyy):	Indicate new probation status:
	O Removed From Probation O Placed on Probation
Date of Parole Status Change (mmddyyyy):	Indicate new parole status:
	O Removed From Parole O Placed on Parole
CONSERVATORSHIP / PAYEE INFORMATIO	Ν
Date of Conservatorship Status Change (mmddyyyy):	-
	Indicate new conservatorship status:
	O Removed from conservatorship O Placed on conservatorship
Date of Payee Status Change (mmddyyyy):	Indicate new payee status:
	O Removed from payee status O Placed on payee status
EMERGEN	CY INTERVENTION
	on if there are no changes)
	licate the type of emergency intervention:
	g., emergency room visit, crisis stabilization unit) Physical Health Related O 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