ADULT PAF
5/1/07

FULL SERVICE PARTNERSHIP

Adult Partnership Assessment Form

FOR AGES 26-59 YEARS

PARTNERSHIP INFORMATION

County *

CSI County Client Number (CCN)

County Partner ID (optional)

Partner's First Name *

Partner's Last Name *

Partnership Date (mm/dd/yyyy) *

Partner's Date of Birth (mm/dd/yyyy) *

Who referred the partner? (mark one)

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

ADMINISTRATIVE INFORMATION

PARTNERSHIP STATUS

Provider Number / NPI (Optional)

Full Service Partnership Program ID *

Partnership Service Coordinator ID *

PROGRAM INFORMATION

In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)

- AB2034 ☐
- Governor's Homeless Initiative (GHI) ☐
- MHSA Housing 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 # OCCURRENCES	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
GENERAL LIVING ARRANGEMENT					
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage					
With one or both biological / adoptive parents					
With adult family member(s) other than parents					
Single Room Occupancy (must hold lease)					
SHELTER / HOMELESS					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)					
Homeless (includes people living in their cars)					
SUPERVISED PLACEMENT					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)					
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 [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]					

RESIDENTIAL INFORMATION - includes hospitalization and incarceration (Continued)

JUSTICE PLACEMENT					
Jail	○	○			☐
Prison					☐
OTHER					
Other	○	○			☐
Unknown	○	○			☐

EDUCATION

Highest level of education completed:

- ○ No High School Diploma / No GED
- ○ GED Coursework
- ○ High School Diploma / GED
- ○ Some College / Some Technical or Vocational Training
- ○ Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree
- ○ Bachelor's Degree (e.g., B.A., B.S.)
- ○ Master's Degree (e.g., M.A., M.S.)
- ○ Doctoral Degree (e.g., M.D., Ph.D.)

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

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

EMPLOYMENT

EMPLOYMENT DURING THE PAST 12 MONTHS

Indicate the partner's employment status...	**# OF WEEKS**	**AVERAGE HOURS per WEEK**	**AVERAGE HOURLY WAGE**
Competitive Employment: Paid employment in the community in a position that is also open to individuals without a disability.			$
Supported Employment: Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.			$
Transitional Employment / Enclave: Paid jobs in the community that are 1) open only to individuals with a disability AND 2) are either time-limited for the purpose of moving to a more permanent job OR are part of a group of disabled individuals who are working as a team in the midst of teams of non-disabled individuals who are performing the same work.			$
Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business): Paid jobs open only to program participants with a disability. A *Sheltered Workshop* usually offers sub-minimum wage work in a simulated environment. A *Work Experience (Adjustment) Program* within an agency provides exposure to the standard expectations and advantages of employment. An *Agency-Owned Business* serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.			$
Non-paid (Volunteer) Work Experience: Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.			
Other Gainful / Employment Activity: Any informal employment activity that increases the partner's income (e.g., recycling, gardening, babysitting) OR participation in formal structured classes and / or workshops providing instruction on issues pertinent to getting a job. (Does NOT include such activities as panhandling or illegal activities such as prostitution.)			$
Unemployed			

CURRENT EMPLOYMENT

Indicate the partner's employment status...	AVERAGE HOURS per 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.		$
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The partner is not employed at this time. ☐

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

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the partner:	DURING THE PAST 12 MONTHS (mark all that apply)	CURRENTLY (mark all that apply)
Partner's Wages	☐	☐
Partner's Spouse / Significant Other's Wages	☐	☐
Savings	☐	☐
Other Family Member / Friend	☐	☐
Retirement / Social Security Income	☐	☐
Veteran's Assistance Benefits	☐	☐
Loan / Credit	☐	☐
Housing Subsidy	☐	☐
General Relief / General Assistance	☐	☐
Food Stamps	☐	☐
Temporary Assistance for Needy Families (TANF)	☐	☐
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	☐	☐
Social Security Disability Insurance (SSDI)	☐	☐
State Disability Insurance (SDI)	☐	☐
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	☐	☐
Other	☐	☐
No Financial Support	☐	☐

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

Was the partner on any kind of parole DURING THE PAST 12 MONTHS? ○ Yes ○ No

Was the partner on any kind of 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, has the partner ever had a co-occurring mental illness and substance use problem? ○ Yes ○ No

In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use problem? ○ Yes ○ No

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

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS	VALUES
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	