Clear Form

Partnership Assessment Form

Client ID, if known _____ Client Date of Birth Age

Partnership Information

Partnership Date

Who referred the partner?

Partnership Form Type

Child/Youth Partnership Assessment Form (Ages 0-15)
Transition Age Youth Partnership Assessment Form (Ages 16-25)
Adult Partnership Assessment Form (Ages 26-59)
Older Adult Partnership Assessment Form (Ages 60+)

Administrative Information

Staff completing form

Program Information

In which additional programs is the partner CURRENTLY involved?

☐ Governor's Homeles Initiative (GHI) ☐ MHSA Housing Program

AB2034 Program

These fields are enabled in Avatar if the client's treatment program is associated with an AB2034 treatment program

☐ AB2034 ☐ Governor's Homeles Initiative (GHI)

Gender ○ Male ○ Female ○ Transgender Ethnicity

Veteran ○ Yes ○ No

Insurance at Enrollment

Residential Information

	Tonight	Yesterday (as of 11:59PM the day BEFORE partnership)	Prior To The Last 12 Months	Number of Occurences During the Past 12 Months	Was DURING THE PAST 12 MONTHS (# of days) *
General Arrangement					
In an apartment or house alone/ with spouse/ partner/ minor children/ other dependents/	○	○	○		
With one or both biological/ adoptive parents (Select all that apply)	○	○	○		
Family Member					
With adult family member(s) other than parents (Select all that apply)	○	○	○		
Foster Home					
Foster Home (with relative)	○	○	○		
Foster Home (with non-relative)	○	○	○		
Shelter/Homeless					
Emergency Shelter/ Temporary Housing (includes people living with friends but paying no rent) Select all that apply	○	○	○		
Homeless (includes people living in their cars)	○	○	○		
Hospital					
Acute Medical Hospital	○	○	○		
Acute Psychiatric Hospital/ Psychiatric Health Facility (PHF)	○	○	○		
State Psychiatric Hospital	○	○	○		

	Tonight	Yesterday (as of 11:59PM the day BEFORE partnership)	Prior To The Last 12 Months	Number of Occurences During the Past 12 Months	Was DURING THE PAST 12 MONTHS (# of days) *
Residential					
Group Home (Level 0-11)					
Group Home (Level 12-14)					
Short Term Residential Therapeutic Programs- STRTP					
Community Treatment Facility					
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagosis residential programs)					
Justice Placement					
Juvenille Hall/Camp/Ranch					
Division of Juvenille Hall					
Other					
Unknown					

*During past 12 months days must equal 365: 0

Education

Highest Level of Education Completed

Is the partner CURRENTLY receiving special education due to serious emotional disturbance?

Yes No

Is the partner CURRENTLY receiving special education due to another reason?

Yes No

FOR YOUTH REQUIRED BY LAW TO ATTEND SCHOOL

Estimate the partner'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 partner's attendance* level CURRENTLY

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

*excludes scheduled breaks and excused absences

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

	Was DURING THE PAST 12 MONTHS (# of days)	is CURRENTLY Yes	is CURRENTLY No
For the following educational settings, please indicate where the partner was not in school of any kind			
High School/ Adult Education			
Technical/ Vocational School			
Communty College/ 4 year			
Graduate School			
Other			

Does one of the partner's current recovery goals include any kind of education at this time?

Yes ☐ No ☐

Sources of Financial Support

Indicate all the Sources of Financial Support used to meet the needs of the partner (select at least one or select all that apply):

	During The Past 12 Months	Currently
Caregiver's Wages	☐	☐
Child Support	☐	☐
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 Benefit (e.g., per capita, revenue sharing, trust, disbursments)	☐	☐
Other	☐	☐
No Financial Support	☐	☐

Employment

Employment Status

Indicate the partner's EMPLOYMENT STATUS DURING THE PAST 12 MONTHS

	# 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 an 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 set or 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 (# of weeks)			

Partner's Employment Status

Is the Partner employed at this time?

Yes ◯ No ◯

Does one of the partner's current recovery goals include any kind of employment at this time?

Yes ◯ No ◯

Indicate the partner's CURRENT 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 an 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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Legal Issues/ Designations

Justice System Involvement

Arrest Information

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

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

Probation Information

Is the partner CURRENTLY on probation?		
Was the partner on probation DURING THE PAST 12 MONTHS?		
Was the partner on probation anytime PRIOR TO THE LAST 12 MONTHS?		

Parole Information

Is the partner CURRENTLY on parole fomr the Division of Juvenile Justice?		
Was the partner on any kind of parole DURING THE PAST 12 MONTHS?		
Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?		

Conservatorship/ Payee Information

Conservatorship Information

Is the partner CURRENTLY on conservatorship?		
Is the partner on conservatorship DURING THE PAST 12 MONTHS?		
Was the partner on conservatorship anytime PRIOR TO THE LAST 12 MONTHS?		

Payee Information

Does the partner CURRENTLY have a payee?		
Did the partner have a payee DURING THE PAST 12 MONTHS?		
Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?		

Dependent

Dependent (W & I Code 300 Status) Information

Is the partner CURRENTLY have a dependent of the court?		
Was the partner a dependent of the court DURING THE PAST 12 MONTHS'		
Was the partner a dependent of the court anytime PRIOR TO THE LAST 12		

If the partner was ever a dependent of the court, indicate the year s/he 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 (Dep. of the court)

Placed in Foster Care

Legally Reunified with partner

Adopted out

Index of Independent Activities of Daily Living (ADL)

For each area of functioning listed below, select the description that applies. (The word 'assistance' means supervision, direction or, personal assistance.)

BATHING - either sponge bath, tub bath or shower

- Receives no assistance (gets in and out of tub by self, if tub is usual means of bathing)
- Receives assistance in bathing only one part of body (such as back or leg)
- Receives assistance in bathing more than one part of the body (or not bathed)

DRESSING- gets clothes from closets and drawers, including underclothes, outer garments and users fastners (including braces, if worn)

- Gets clothes and gets completely dressed without assistance
- Gets clothes and gets dressed without assistance, except for assistance in tying shoes
- Receives assistance in getting clothes or in getting dressed, or stays partly or completely undressed

TOILETING

- Goes to 'toilet room', cleans self, and arranges clothes without assistance (may use object for support such as cane, walker, or wheelchair and may manage night bedpan or commode, emptying same in AM
- Receives assistance in going to the 'toilet room' or in cleansing self or in arranging clothes after elimination or in use of night bedpan or commode
- Doesn't go to room termed 'toilet' for the elimination process

TRANSFER

- Moves in and out of bed as well as in and out of chair without assistance (may be using object for support, such as cane or walker)
- Moves in and out of bed or chair with assistance
- Doesn't get out of bed

CONTINENCE

- Controls urination and bowel movement completely by self
- Has occasional 'accidents'
- Supervision helps keep urine or bowel control; catheter is used, or person is incontinent

FEEDING

- Feeds self without assistance
- Feeds self except for getting assistance in cutting meat or buttering bread
- Supervision helps keep urine or bowel control; catheter is used, or person is incontinent

WALKING

- Walks on level without assistance
- Walks without assistance but uses single, straight cane
- Walks without assistance but uses two points for mechanical support such as crutches, a walker or two canes (or wears a brace)
- Walks on level without assistance
- Walks on level without assistance
- Walks on level without assistance

HOUSE-CONFINEMENT

- Has been outside of residence on 3 or more days during the past 2 weeks
- Has been outside of residence on only 1 or 2 days during the past 2 weeks
- Has not been outside of residence in past 2 weeks

Emergency Intervention

Please indicate the number of emergency interventions (e.g. emergency room visit, crisis stabilizaiton 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

Does the partner have a primary care physician DURING THE PAST 12 MONTHS? ◯ Yes ◯ No

Substance Abuse

	Yes	No
In the opinion of the partnership service coordinator, has the partner ever had a co-occuring mental illness and substance use program?	◯	◯
In the opinion of the partnership service coordinator, does the partner CURRENTLY have an active co-occurring mental illness and substance use program?	◯	◯
Is the partner CURRENTLY receiving substance abuse services?	◯	◯

Instrumental Activities of Daily Living (IADL)

For each area of functioning listed below, select the description that applies.

	Without Help	With Some Help	Completely Unable To Do
Can the client use the telephone?	◯	◯	◯
Can the client get to places out of walking distance?	◯	◯	◯
Can the client go shopping for groceries?	◯	◯	◯
Can the client prepare his/her own meals?	◯	◯	◯
Can the client do his/her own housework?	◯	◯	◯
Can the client do his/her own handyman work?	◯	◯	◯
Can the client do his/her own laundry?	◯	◯	◯
If the client takes medication (or if the client had to take medication) could s/he take it on his/her own?	◯	◯	◯
Can the client manage his/her own money?	◯	◯	◯

Clear Form

Print Form