

Client ID, if known

Client Date of Birth

Age

Partnership Information

Date Completed

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+)

Education

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 CHILDREN/ YOUTH WHO ARE REQUIRED BY LAW TO ATTEND SCHOOL**

Estimate the partner's attendance level (excluding scheduled breaks and excused absences) 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 child/youth/partner (mark all that apply)

- | | |
|---|--|
| <input type="checkbox"/> American Indian Tribal Benefits | <input type="checkbox"/> Partner Wages |
| <input type="checkbox"/> Caregiver Wages | <input type="checkbox"/> Partner's Spouse/ Significant Other's Wages |
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Retirement/ Social Security Income |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Savings |
| <input type="checkbox"/> General Relief/ General Assistance | <input type="checkbox"/> Social Security Disability Income (SSDI) |
| <input type="checkbox"/> Housing Subsidy | <input type="checkbox"/> State Disability Insurance |
| <input type="checkbox"/> Loan/ Credit | <input type="checkbox"/> Supplemental Security Income/ State Supplementary Payment (SSI/SSP) Program |
| <input type="checkbox"/> No Financial Support | <input type="checkbox"/> Temporary Assistance for Needy Families |
| <input type="checkbox"/> Other Family Member/ Friend | <input type="checkbox"/> Veteran's Assistance Benefits |
| <input type="checkbox"/> Other | <input type="checkbox"/> Youth Wages |

Legal Issues/ Designations

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

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 CURRENTLY have a co-occurring mental illness and substance use problem?

Yes No

Is the partner CURRENTLY receiving substance abuse services?

Yes No

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

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?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client get to places out of walking distance?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client go shopping for groceries?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client prepare his/her own meals?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own housework?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own handyman work?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client do his/her own laundry?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
If the client takes medication (or if the client had to take medication) could s/he take it on his/her own?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Can the client manage his/her own money?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Clear Form

Print Form