# FULL SERVICE PARTNERSHIP
Child / Youth Quarterly Assessment Form  
FOR AGES 0-15 YEARS

## PARTNERSHIP INFORMATION

<table>
<thead>
<tr>
<th>Field</th>
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<tbody>
<tr>
<td>County</td>
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<tr>
<td>CSI County Client Number (CCN)</td>
<td></td>
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<tr>
<td>County Partner ID (optional)</td>
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<tr>
<td>Partner's First Name</td>
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<tr>
<td>Partner's Last Name</td>
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<tr>
<td>Date Completed (mm/dd/yyyy)</td>
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<tr>
<td>Partner's Date of Birth (mm/dd/yyyy)</td>
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## 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

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 used to meet the needs of the partner:  
Currently (mark all that apply)

- Caregiver’s Wages  
- Partner’s Wages  
- Partner’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  
- No Financial Support

## 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 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**

<table>
<thead>
<tr>
<th>COUNTY USE QUESTIONS</th>
<th>NEW VALUE</th>
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<tbody>
<tr>
<td>County Use Field # 1</td>
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<tr>
<td>County Use Field # 2</td>
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<tr>
<td>County Use Field # 3</td>
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