

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

PARTNERSHIP INFORMATION

County	<input type="text"/>	*
CSI County Client Number (CCN)	<input type="text"/>	
County Partner ID (optional)	<input type="text"/>	
Partner's First Name	<input type="text"/>	*
Partner's Last Name	<input type="text"/>	*
Date Completed (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

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

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)	<input type="text"/>
Placed in Foster Care:	<input type="text"/>
Legally Reunified with partner:	<input type="text"/>
Adopted out:	<input type="text"/>

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

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NEW VALUE

County Use Field # 1

County Use Field # 2

County Use Field # 3