

**FULL SERVICE PARTNERSHIP**

**Transition Age Youth Quarterly Assessment Form  
FOR AGES 16-25 YEARS**

**TAY 3M  
5/1/07**

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

**FOR 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 used to meet the needs of the partner:	<b>CURRENTLY</b> (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

<b>CUSTODY INFORMATION</b>	
Indicate the total number of children the partner has who are <b>CURRENTLY</b> :	
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

COUNTY USE QUESTIONS	NEW VALUE
County Use Field # 1	<input type="text"/>
County Use Field # 2	<input type="text"/>
County Use Field # 3	<input type="text"/>