

**FULL SERVICE PARTNERSHIP**  
 Older Adult Partnership Assessment Form  
 FOR AGES 60+ YEARS

**OLDER ADULT PAF**  
**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"/>	*
Partnership Date (mm/dd/yyyy)	<input type="text"/>	*
Partner's Date of Birth (mm/dd/yyyy)	<input type="text"/>	*

Who referred the partner? (mark one)

- |   |   |  |
|---|---|--|
| <input type="radio"/> Self  | <input type="radio"/> Emergency Room                              | <input type="radio"/> Homeless Shelter                   |
| <input type="radio"/> Family Member (e.g., parent, guardian, sibling, aunt, uncle, child) | <input type="radio"/> Mental Health Facility / Community Agency   | <input type="radio"/> Street Outreach                    |
| <input type="radio"/> Significant Other (e.g., boyfriend / girlfriend, spouse)            | <input type="radio"/> Social Services Agency                      | <input type="radio"/> Jail / Prison                      |
| <input type="radio"/> Friend / Neighbor (i.e., unrelated other)                           | <input type="radio"/> Substance Abuse Treatment Facility / Agency | <input type="radio"/> Acute Psychiatric / State Hospital |
| <input type="radio"/> School  | <input type="radio"/> Faith-based Organization                    | <input type="radio"/> Other                              |
| <input type="radio"/> Primary Care / Medical Office                                       | <input type="radio"/> Other County / Community Agency             |  |

ADMINISTRATIVE INFORMATION

**PARTNERSHIP STATUS**

Provider Number / NPI (Optional)	<input type="text"/>
Full Service Partnership Program ID	<input type="text"/> *
Partnership Service Coordinator ID	<input type="text"/> *

**PROGRAM INFORMATION**

In which additional program(s) is the partner CURRENTLY involved? (mark all that apply)

AB2034	<input type="checkbox"/>
Governor's Homeless Initiative (GHI)	<input type="checkbox"/>
MHSA Housing Program	<input type="checkbox"/>

**RESIDENTIAL INFORMATION - includes hospitalization and incarceration**

SETTING	YESTERDAY		DURING THE PAST 12 MONTHS INDICATE THE TOTAL # OCCURRENCES	DURING THE PAST 12 MONTHS INDICATE THE TOTAL # DAYS (must = 365 days)	PRIOR TO THE LAST 12 MONTHS (mark all that apply)
	TONIGHT	(as of 11:59 p.m the day BEFORE partnership)			
<b>GENERAL LIVING ARRANGEMENT</b>					
In an apartment or house alone / with spouse / partner / minor children / other dependents / roommate – must hold lease or share in rent / mortgage	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
With one or both biological / adoptive parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
With adult family member(s) other than parents	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Single Room Occupancy (must hold lease)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>SHELTER / HOMELESS</b>					
Emergency Shelter / Temporary Housing (includes people living with friends but paying no rent)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Homeless (includes people living in their cars)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>SUPERVISED PLACEMENT</b>					
Unlicensed but supervised individual placement (includes paid caretakers, personal care attendants)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Assisted Living Facility	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unlicensed but supervised congregate placement (includes group living homes, sober living homes)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Licensed Community Care Facility (Board and Care)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>HOSPITAL</b>					
Acute Medical Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Acute Psychiatric Hospital / Psychiatric Health Facility (PHF)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
State Psychiatric Hospital	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>RESIDENTIAL PROGRAM</b>					
Licensed Residential Treatment (includes crisis, short-term, long-term, substance abuse, dual diagnosis residential programs)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Skilled Nursing Facility (physical)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Skilled Nursing Facility (psychiatric)	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Long-Term Institutional Care [Institution for Mental Disease (IMD), Mental Health Rehabilitation Center (MHRC)]	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
<b>JUSTICE PLACEMENT</b>					
Jail	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Prison			<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

OTHER					
Other	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>
Unknown	<input type="radio"/>	<input type="radio"/>	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>

EDUCATION

Highest level of education completed:

- |  |  |
|--|--|
| <input type="radio"/> No High School Diploma / No GED                      | <input type="radio"/> Associate's Degree (e.g., A.A., A.S.) / Technical or Vocational Degree |
| <input type="radio"/> GED Coursework                                       | <input type="radio"/> Bachelor's Degree (e.g., B.A., B.S.)                                   |
| <input type="radio"/> High School Diploma / GED                            | <input type="radio"/> Master's Degree (e.g., M.A., M.S.)                                     |
| <input type="radio"/> Some College / Some Technical or Vocational Training | <input type="radio"/> Doctoral Degree (e.g., M.D., Ph.D.)                                    |

For the educational settings below, indicate where the partner.....	was DURING THE PAST 12 MONTHS # of weeks	is CURRENTLY (mark all that apply)
Not in school of any kind	<input type="text"/>	<input type="checkbox"/>
High School / Adult Education	<input type="text"/>	<input type="checkbox"/>
Technical / Vocational School	<input type="text"/>	<input type="checkbox"/>
Community College / 4 year College	<input type="text"/>	<input type="checkbox"/>
Graduate School	<input type="text"/>	<input type="checkbox"/>
Other	<input type="text"/>	<input type="checkbox"/>

Does one of the partner's current recovery goals include any kind of education at this time?  Yes  No

EMPLOYMENT

**EMPLOYMENT DURING THE PAST 12 MONTHS**

Indicate the partner's employment status...	# OF WEEKS	AVERAGE HOURS per WEEK	AVERAGE HOURLY WAGE
<b>Competitive Employment:</b>			
Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Supported Employment:</b>			
Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Transitional Employment / Enclave:</b>			
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.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):</b>			
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 site or in the community.	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
<b>Non-paid (Volunteer) Work Experience:</b>			
Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<input type="text"/>	<input type="text"/>	
<b>Other Gainful / Employment Activity:</b>			
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.)	<input type="text"/>	<input type="text"/>	\$ <input type="text"/>
Unemployed	<input type="text"/>		

**CURRENT EMPLOYMENT**

Indicate the partner's employment status...	AVERAGE HOURS per WEEK	AVERAGE HOURLY WAGE
<b>Competitive Employment:</b> Paid employment in the community in a position that is also open to individuals without a disability.	<input type="text"/>	\$ <input type="text"/>
<b>Supported Employment:</b> Competitive Employment (see above) with ongoing on-site or off-site job-related support services provided.	<input type="text"/>	\$ <input type="text"/>
<b>Transitional Employment / Enclave:</b> 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.	<input type="text"/>	\$ <input type="text"/>
<b>Paid In-House Work (Sheltered Workshop / Work Experience / Agency-Owned Business):</b> Paid jobs open only to program participants with a disability. A <i>Sheltered Workshop</i> usually offers sub-minimum wage work in a simulated environment. A <i>Work Experience (Adjustment) Program</i> within an agency provides exposure to the standard expectations and advantages of employment. An <i>Agency-Owned Business</i> serves customers outside the agency and provides realistic work experiences and can be located at the program site or in the community.	<input type="text"/>	\$ <input type="text"/>
<b>Non-paid (Volunteer) Work Experience:</b> Non-paid (volunteer) jobs in an agency or volunteer work in the community that provides exposure to the standard expectations of employment.	<input type="text"/>	
<b>Other Gainful / Employment Activity:</b> 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.)	<input type="text"/>	\$ <input type="text"/>
The partner is not employed at this time.	<input type="checkbox"/>	
Does one of the partner's current recovery goals include any kind of employment at this time?	<input type="radio"/> Yes <input type="radio"/> No	

**SOURCES OF FINANCIAL SUPPORT**

Indicate all the sources of financial support used to meet the needs of the partner:	DURING THE PAST 12 MONTHS (mark all that apply)	CURRENTLY (mark all that apply)
Partner's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>	<input type="checkbox"/>
Savings	<input type="checkbox"/>	<input type="checkbox"/>
Other Family Member / Friend	<input type="checkbox"/>	<input type="checkbox"/>
Retirement / Social Security Income	<input type="checkbox"/>	<input type="checkbox"/>
Veteran's Assistance Benefits	<input type="checkbox"/>	<input type="checkbox"/>
Loan / Credit	<input type="checkbox"/>	<input type="checkbox"/>
Housing Subsidy	<input type="checkbox"/>	<input type="checkbox"/>
General Relief / General Assistance	<input type="checkbox"/>	<input type="checkbox"/>
Food Stamps	<input type="checkbox"/>	<input type="checkbox"/>
Temporary Assistance for Needy Families (TANF)	<input type="checkbox"/>	<input type="checkbox"/>
Supplemental Security Income / State Supplementary Payment (SSI / SSP) Program	<input type="checkbox"/>	<input type="checkbox"/>
Social Security Disability Insurance (SSDI)	<input type="checkbox"/>	<input type="checkbox"/>
State Disability Insurance (SDI)	<input type="checkbox"/>	<input type="checkbox"/>
American Indian Tribal Benefits (e.g., per capita, revenue sharing, trust disbursements)	<input type="checkbox"/>	<input type="checkbox"/>
Other	<input type="checkbox"/>	<input type="checkbox"/>
No Financial Support	<input type="checkbox"/>	<input type="checkbox"/>

**JUSTICE SYSTEM INVOLVEMENT**

**ARREST INFORMATION**

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

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

**PROBATION INFORMATION**

Is the partner CURRENTLY on probation?  Yes  No

Was the partner on probation DURING THE PAST 12 MONTHS?  Yes  No

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

**PAROLE INFORMATION**

Was the partner on any kind of parole DURING THE PAST 12 MONTHS?  Yes  No

Was the partner on any kind of parole anytime PRIOR TO THE LAST 12 MONTHS?  Yes  No

**CONSERVATORSHIP / PAYEE INFORMATION**

**CONSERVATORSHIP INFORMATION**

Is the partner CURRENTLY on conservatorship?  Yes  No

Was the partner on conservatorship DURING THE PAST 12 MONTHS?  Yes  No

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

**PAYEE INFORMATION**

Does the partner CURRENTLY have a payee?  Yes  No

Did the partner have a payee DURING THE PAST 12 MONTHS?  Yes  No

Did the partner have a payee anytime PRIOR TO THE LAST 12 MONTHS?  Yes  No

**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:

EMERGENCY INTERVENTION

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

Did the partner have a primary care physician **DURING THE PAST 12 MONTHS**?

Yes  No

SUBSTANCE ABUSE

In the opinion of the partnership service coordinator, has the partner ever had a co-occurring mental illness and substance use problem?

Yes  No

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



## 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 the 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 uses fasteners (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 a 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
- Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids

**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 with assistance
- Uses wheelchair only
- Not walking or using wheelchair

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL) (Continued)

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

COUNTY USE QUESTIONS

COUNTY USE QUESTIONS	VALUES
<b>To be tracked on the KEY EVENT TRACKING form:</b>	
County Use Field # 1	<input type="text"/>
County Use Field # 2	<input type="text"/>
County Use Field # 3	<input type="text"/>
<b>To be tracked on the QUARTERLY ASSESSMENT form:</b>	
County Use Field # 1	<input type="text"/>
County Use Field # 2	<input type="text"/>
County Use Field # 3	<input type="text"/>