

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

OLDER ADULT 3M 5/1/07
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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"/>	*

SOURCES OF FINANCIAL SUPPORT

Indicate all the sources of financial support used to meet the needs of the partner:	CURRENTLY (mark all that apply)
Partner's Wages	<input type="checkbox"/>
Partner's Spouse / Significant Other's Wages	<input type="checkbox"/>
Savings	<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)

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

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	NEW VALUE
County Use Field # 1	<input style="width: 100px; height: 20px;" type="text"/>
County Use Field # 2	<input style="width: 100px; height: 20px;" type="text"/>
County Use Field # 3	<input style="width: 100px; height: 20px;" type="text"/>