

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
Full Service Partnership (FSP) 3-Month (3M)
Older Adult: Ages 60+

ADMINISTRATIVE INFORMATION

DMH#	_____	Assessment Date	_____
Client First Name	_____	Provider Number	_____ (4 characters)
Client Last Name	_____		
Client DOB	_____		

FINANCIAL

SOURCES OF FINANCIAL SUPPORT Indicate all the sources of financial support used to meet the needs of the client.	CURRENT (check all that apply)
Client's Wages	
Client's Spouse/Significant Other's Wages	
Savings	
Other Family Member/Friend	
Retirement/Social Security Income	
Veteran's Assistance (VA) Benefits	
Loan/Credit	
Housing Subsidy	
General Relief (GR)/General Assistance (GA)	
Food Stamps	
Temporary Assistance for Needy Families (TANF)/CalWORKs	
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	

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	Agency _____ Provider# _____
	Los Angeles County - Department of Mental Health

DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL

INDEX OF INDEPENDENT ACTIVITIES OF DAILY LIVING (ADL)

For each area of functioning listed below, check the description that applies: (The word 'assistance' means supervision, direction or personal assistance).

Bathing - either sponge bath, tub bath or shower (select one)

- 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) (select one)

- 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 (select one)

- Goes to "toilet room", cleans self, and arranges clothes without assistance (may use object to 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 bed pan or commode.
- Doesn't go to room termed 'toilet' for the elimination process.

Transfer (select one)

- Moves in and out of bed as well as in and out of chair without assistance.
- Moves in and out of bed or chair with assistance.
- Doesn't get out of bed.

Continence (select one)

- 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 (select one)

- Feeds self without assistance.
- Feeds self except for getting assistance cutting meat or buttering bread.
- Receives assistance in feeding or is fed partly or completely by using tubes or I.V. fluids.

Walking (select one)

- Walks on level platform without assistance.
- Walks without assistance but uses a 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.

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DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL *continued*

House-Confinement (select one)

- Has been outside of residence 3 or more days DURING THE PAST 2 WEEKS.
- Has been outside of residence only 1 or 2 days DURING THE PAST 2 WEEKS.
- Has not been outside of residence IN THE PAST 2 WEEKS.

For each area of functioning listed below, select the description that applies:	Without Help	With Some Help	Completely Unable To Do
Can the client use the telephone?			
Can the client get to places out of walking distance?			
Can the client go shopping for groceries?			
Can the client prepare their own meals?			
Can the client do their own housework?			
Can the client do their own handyman work?			
Can the client do their own laundry?			
If the client takes medication (or if the client had to take medication) could they take it on their own?			
Can the client manage their own money?			

PHYSICAL HEALTH

Does the client have a primary care physician CURRENTLY?	Yes	No
Did the client visit a primary care physician or another doctor for physical health reasons IN THE PAST 3 MONTHS?	Yes	No

SUBSTANCE ABUSE

Is the client CURRENTLY receiving substance abuse services?	Yes	No
In the opinion of the Partnership Service Coordinator, does the client CURRENTLY have an active co-occurring mental illness and substance use problem?	Yes	No

LEGAL

CUSTODY INFORMATION

Indicate the total number of children the client has who are CURRENTLY:
(If the client has no children enter 0 in the following boxes.)

Number placed on W & I Code 300 Status (dependent of the court):

Number placed in Foster Care:

Number legally Reunified with the client:

Number Adopted Out:

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