

LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH
Full Service Partnership (FSP) 3-Month (3M)
Transition Age Youth (TAY): Ages 16-25

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)
Caregiver's Wages	
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)	
Child Support	
Other	
No Financial Support	

<p>This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions Code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure, use, or distribution is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law.</p>	Name _____ DMH# _____
	Agency _____ Provider# _____
	Los Angeles County - Department of Mental Health

DAILY ACTIVITIES/VOCATIONAL/EDUCATIONAL LEVEL

Is the client CURRENTLY receiving special education due to a Serious Emotional Disturbance (SED)?	Yes	No
Is the client CURRENTLY receiving special education due to another reason?	Yes	No
Is the client required by law to attend school?	Yes*	No**

*If Yes, **only** answer questions in **Subsection A** below.
If No, go to **Physical Health section below.

Subsection A: For Youth, Who Are Required by Law to Attend School:

SCHOOL ATTENDANCE

CURRENTLY, estimate the client's attendance level (excluding breaks and excused absences) (**select one**)

- Always attends school (never truant)
- Attends school most of the time (4 days per week)
- Sometimes attends school (3 days per week)
- Infrequently attends school (1-2 days per week)
- Never attends school

SCHOOL GRADES

CURRENTLY, his/her grades are (**select one**)

- Very Good (A- or higher)
- Good (B- to B+)
- Average (C- to C+)
- Below Average (D- to D+)
- Poor (F)

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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