

**LOS ANGELES COUNTY - DEPARTMENT OF MENTAL HEALTH**  
**Full Service Partnership (FSP) 3-Month (3M)**  
**Adult: Ages 26-59**

**ADMINISTRATIVE INFORMATION**

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

**FINANCIAL**

<b>SOURCES OF FINANCIAL SUPPORT</b> Indicate all the sources of financial support used to meet the needs of the client.	<b>CURRENT</b> (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	

<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

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	
<b>CUSTODY INFORMATION</b>	
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):	<input type="text"/>
Number placed in Foster Care:	<input type="text"/>
Number legally Reunified with the client:	<input type="text"/>
Number Adopted Out:	<input type="text"/>

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