

Collaborative Systems of Care Assessment Summary of Strengths & Needs

Child's Name: _____ **Phone:** _____ **Assessment Completion Date:** _____
Address: _____ **Date of Birth:** _____ **Dates Updated:** _____
 _____ **Dates Updated:** _____
County/Tribe: _____ **Service Coordinator (case manager):** _____
Funding Source(s): MA SSI Private Insurance Katie Beckett Parents/Self Pay Other:

Completion Guidelines: This version of the *Collaborative Systems of Care Assessment Summary of Strengths & Needs* includes the items from the Child and Adolescent Needs and Strengths (CANS) assessment tool. For more information on the CANS tool in general, please visit www.praedfoundation.org.

Guiding questions for each domain are *italicized*, and meant to be used as conversation starters. Depending on the strengths, needs, and situation of the child and family, you may or may not give detailed answers to each guiding question.

CANS items are clearly labeled and bolded, and correspond with the "Wisconsin CANS" scoring sheet. Note that the rating scale for "CANS Strengths" items located throughout this document are different from regular CANS item rating scales.

It is important to rate the situation of the *identified child* when rating CANS items. There are other opportunities, including the "Additional Strengths/Needs" section at the end of each domain to address the strengths and needs of other family members.

CRISIS RESPONSE PLANNING	RATING SCALE → 0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
"A crisis occurs when adults don't know what to do." - Carl Shick Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>	
CANS 1. Danger to Self. <i>Has your child ever talked about a wish or plan to hurt him/herself? Has your child ever tried to commit suicide? Does your child ever purposely hurt him/herself (e.g. carving)?</i>	CANS 1 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 2. Danger to Others. <i>Has your child ever injured another person on purpose? Does he/she get into physical fights? Has your child ever threatened to kill or seriously injure another person?</i>	CANS 2 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 3. Other Self Harm. <i>Has your child ever talked about or acted in a way that might be dangerous to him/herself (e.g. reckless behavior such as riding on top of cars, climbing grain elevators, promiscuity)?</i>	CANS 3 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 4. Runaway. <i>Has your child ever run away from home, school or any other place? If so, where did they go? How long did they stay away? How did you find them? Do they ever threaten to run away?</i>	CANS 4 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 5. Sexually Abusive Behavior. <i>Has your child ever been accused of being sexually aggressive with another child? What happened after that?</i>	CANS 5 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

CANS 6. Social Behavior. <i>Does your child ever intentionally do or say things to upset others? Has anyone ever told you that your child has sworn at them or showed (done) other behavior that was insulting or rude?</i>	CANS 6 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Level of need for a SCHOOL CRISIS RESPONSE PLAN (summarize past crisis situation & intervention)</i>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Level of need for a HOME or COMMUNITY CRISIS RESPONSE PLAN (summarize past crisis situation & intervention)</i>	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

LEGAL		RATING SCALE → 0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ---- Help is needed now
Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>		
CANS 7. Crime and Delinquency. <i>Has your child ever admitted to you that he/she has broken the law? Has he/she ever been arrested? Has he/she ever been in detention? Describe significant involvement with legal or juvenile justice systems and current status.</i>		<input type="checkbox"/> Strength? CANS 7 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Additional "Legal" Strengths:</i>	<i>Additional "Legal" Needs:</i>	

Contact with Police and/or the Juvenile Justice System <i>(Please report offenses in the past six months)</i>				
Date	Type of Violation	Taken into Custody?	Adjudicated?	Disposition <i>(See options below)</i>
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Disposition Options:	Supervision/Probation Fine Restitution Secure Detention	Non-Secure Detention Hospitalization CCI Group Home	Foster Home Community Service Pending Informal Arrangements	No Contact

LIVING SITUATION		RATING SCALE →		
Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>		0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now		
Describe your family's current living situation. Who lives in your home? Do all family members live at home?		<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Does your home provide enough space, privacy and comfort?		<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Are there barriers to living in your current home long-term? (Examples: unaffordable rent, distance from town/transportation issues)		<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Are there any safety concerns? (Examples: living on busy street, safe neighborhood, fire safety/disaster plan, unsanitary conditions, etc.)		<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Additional "Living Situation" Strengths:		Additional "Living Situation" Needs:		
Restrictiveness of Living Environment – please report locations within the past 3 months				
Living Location Dates		Living Location (See options to the right)	Living Location Options:	
Start Date	End Date		<ul style="list-style-type: none"> ▪ Jail ▪ Correctional Center ▪ State Mental Hospital ▪ County Detention Center ▪ Intensive Treatment Unit ▪ AODA Inpatient Rehab ▪ Inpatient Hospital ▪ Wilderness Camp (24 hr/year round) ▪ Residential Treatment Center 	<ul style="list-style-type: none"> ▪ Group Emergency Shelter ▪ Residential Job Corps Center ▪ Group Home ▪ Treatment Family Foster Home ▪ Individual Emergency Shelter Home ▪ Specialized Foster Care ▪ Regular Foster Care ▪ Supervised Independent Living
			<small>NOTE: Adapted from Hawkins, R.P., Almelda, M.C. Fabry, B. & Reltz, A.C. (1991) <i>Hospital & Community Psychiatry</i>.</small>	

EDUCATIONAL & VOCATIONAL

Please attach copy of child's most recent school progress report

Source(s) of information: _____
Required for Comprehensive Community Services (CCS)

Educational & Vocational: CANS STRENGTHS NOTE "STRENGTHS" RATING SCALE

RATING SCALE →

0 = Strong -----We can build around this
1 = Good -----With a little help this could be strong
2 = Potential ----- Need to develop the strength
3 = We need help to identify these strengths

CANS S1: Educational. Is your child's school an active partner in figuring out how to best meet your child's needs. Does your child like school? Has there been at least one year in which he/she did well in school? When has your child been at his/her best in preschool/school?

CANS S1:
 0 1 2 3

CANS S2: Vocational. Does your child know what he/she wants to be as an adult? Has he/she ever worked? Does he/she have plans to go to college or vocational school?

CANS S2:
 0 1 2 3

CANS S3: Optimism. How does your child think about his/her future? Does he/she have positive long-term plans? Does your child expect good things to happen or does he/she anticipate bad things happening?

CANS S3:
 0 1 2 3

CANS S4: Talents/Interest. What are your child's talents or interests? What are the things that your child does particularly well? What are the things that your child likes to do whether he/she does them well or not?

CANS S4:
 0 1 2 3

NOTE "NEEDS" RATING SCALE

RATING SCALE →

0 = No Problems ----- No action needed
1 = Mild Problems ----- Let's watch, try to prevent
2 = Moderate Problems --- Help is needed
3 = Severe Problems ----- Help is needed now

CANS 8: Intellectual/Developmental. Does your child's growth and development seem healthy? Has he/she reached appropriate developmental milestones (such as, walking, talking)? Has anyone ever told you that your child may have developmental problems? Has your child developed like other children his/her age?

Strength?

CANS 8
 0 1 2 3

CANS 9, 10, & 11: How is your child doing in school? Has he/she had any problems? Has the teacher or other school personnel called you to talk about your child's behavior or performance? What do you think about how your child is doing in school? Do you think the school is providing what your child needs?

Strength?

CANS 9: School Achievement
 0 1 2 3

Strength?

CANS 10: School Behavior
 0 1 2 3

Strength?

CANS 11: School Attendance
 0 1 2 3

Does your child and other family members have age-appropriate independent living skills?		<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Additional "Educational & Vocational" Strengths:		Additional "Educational & Vocational" Needs:	

FAMILY

Source(s) of information: _____
Required for Comprehensive Community Services (CCS)

Family: CANS STRENGTHS NOTE "STRENGTHS" RATING SCALE	RATING SCALE → 0 = Strong -----We can build around this 1 = Good -----With a little help this could be strong 2 = Potential ----- Need to develop the strength 3 = We need help to identify these strengths
---	--

CANS S5: Family. <i>How do you care about one another in your family? Is there usually good communication? How do you show you care for each other? Is this an area that you could use some help to develop?</i>	CANS S5: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	--

CANS S6: Relationship Permanence. <i>Does your child have relationships with adults that have lasted his/her lifetime? Is he/she in contact with both parents? Are there relatives or family friends in your child's life with whom he/she has lasting relationships?</i>	CANS S6: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--	--

NOTE "NEEDS" RATING SCALE	RATING SCALE → 0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
----------------------------------	--

CANS 12: Family Functioning. <i>Describe relationships among family members. How does your family get along? Are there tensions or problems among family members? Has there ever been any violence? How is your family getting along right now?</i>	<input type="checkbox"/> Strength? CANS 12 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--	---

<i>Describe relationships with your extended family – are they a resource to your family?</i>	<input type="checkbox"/> Strength? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	---

<i>Who (other than family members) offers support to you and your family?</i>	<input type="checkbox"/> Strength? <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	---

Additional "Family" Strengths:	Additional "Family" Needs:
--------------------------------	----------------------------

BASIC NEEDS & FINANCIAL		RATING SCALE →	0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now	
Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>				
Are your family's housing, food, and clothing needs met?		<input type="checkbox"/> Strength?	□ 0 □ 1 □ 2 □ 3	
Are your family's transportation needs met?		<input type="checkbox"/> Strength?	□ 0 □ 1 □ 2 □ 3	
Is there enough income to meet the family's needs?		<input type="checkbox"/> Strength?	□ 0 □ 1 □ 2 □ 3	
Do family members have access to child care when needed – while adults are at work and when family members “just need a break”?		<input type="checkbox"/> Strength?	□ 0 □ 1 □ 2 □ 3	
Additional “Basic Needs & Financial” Strengths:		Additional “Basic Needs & Financial” Needs:		

MEDICAL		RATING SCALE →	0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now	
Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>				
CANS 13: Physical/Medical. Is your child generally healthy? Does he/she have any dental, medical or physical problems? Does your child have to see a doctor regularly to treat any problems (such as asthma, diabetes)?		<input type="checkbox"/> Strength?	CANS 13 □ 0 □ 1 □ 2 □ 3	
Do other family members have physical or dental health needs? Do family members have access to needed health equipment or supplies?		<input type="checkbox"/> Strength?	□ 0 □ 1 □ 2 □ 3	
CANS 14: Sleep. How many hours does your child sleep each night on average? Is this the proper amount for him/her? How does your child sleep? Do he/she have any trouble falling asleep or staying asleep? Any nightmares or bedwetting?		<input type="checkbox"/> Strength?	CANS 14 □ 0 □ 1 □ 2 □ 3	
CANS 15: Sexual Development. Do you know whether your child is sexually active? Is there any reason for you to worry about their sexual behavior? Have you ever been told that your child has been part of any sexual activity? Or, does your child have less interest in sex than other children his/her age? What if any concerns do you have about your child and sexual activity/behavior?		<input type="checkbox"/> Strength?	CANS 15 □ 0 □ 1 □ 2 □ 3	
Additional “Medical” Strengths:		Additional “Medical” Needs:		

MENTAL HEALTH		
Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>		
Mental Health: CANS STRENGTHS NOTE "STRENGTHS" RATING SCALE	RATING SCALE →	0 = Strong -----We can build around this 1 = Good -----With a little help this could be strong 2 = Potential ----- Need to develop the strength 3 = We need help to identify these strengths
CANS S7: Well-being. <i>How does your child deal with difficult or stressful situations? What positive happy life experiences does your child enjoy? Is your child happy?</i>		CANS S7: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS S8: Resiliency. <i>Some of your child's strengths are internal. Does your child recognize his/her internal strengths? Does he/she use this strength to cope? Does he/she use this strength to help themselves develop and/or lead a healthy lifestyle?</i>		CANS S8: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS S9: Resourcefulness. <i>Some of your child's strengths are external or in his/her environment. Is your child aware of these strengths? Is he/she creative about finding people or things in his/her environment that help him/her cope or lead a healthy life style?</i>		CANS S9: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
NOTE "NEEDS" RATING SCALE	RATING SCALE →	0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems ---- Help is needed 3 = Severe Problems ----- Help is needed now
<i>AXIS I Diagnosis:</i>	<i>AXIS II Diagnosis:</i>	<i>Diagnosing Doctor:</i>
Has your child been identified having a Severe Emotional Disability (SED)? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If not, consider completing the SED Checklist (separate document).</i>		
<i>Describe any significant psychological/psychiatric child & family history (current providers, medication, hospitalization, etc.)</i>		
<i>Describe cognitive strengths and needs (learning ability, problem solving & thinking skills) of your child and family members:</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 16: Psychosis. <i>Has your child ever talked about hearing, seeing or feeling something that you did not believe was actually there? Has your child ever done strange or bizarre things of which you could make no sense? Does your child have strange beliefs about things? Has anyone ever told you that your child has a thought disorder or a psychotic condition?</i>	<input type="checkbox"/> Strength?	CANS 16 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 17: Attention Deficit/Impulse. <i>Is your child able to sit still for any length of time? Does he/she have trouble paying attention for more than a few minutes? Is your child able to regulate/control him/herself?</i>	<input type="checkbox"/> Strength?	CANS 17 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 18: Depression/Anxiety. <i>Do you think your child is sad or irritable? Does your child have any problems with anxiety? Is</i>	<input type="checkbox"/> Strength?	CANS 18

<i>he/she nervous? Has he/she withdrawn from normal activities? Does your child seem lonely or not interested in others?</i>		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 19: Oppositional Behavior. <i>Does your child do what you ask him/her to do? Has a teacher or other adult told you that your child does not follow rules or directions? Does your child argue with you when you try to get him/her to do something?</i>	<input type="checkbox"/> Strength?	CANS 19 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 20: Attachment. <i>What is your experience with your child like? Is your child comfortable when he/she has to be away from you? In your experience, is your child distant or detached from you?</i>	<input type="checkbox"/> Strength?	CANS 20 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 21: Adjustment to Trauma. <i>Has your child experienced any crises/traumatic life events? If yes, how has this affected your child? Does he/she have repeated thoughts about the event? Does he/she have nightmares? Is he/she anxious most of the time? Does he/she appear to be overly watchful?</i>	<input type="checkbox"/> Strength?	CANS 21 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Does your family have access to needed/wanted mental health services?</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Additional "Mental Health" Strengths:</i>	<i>Additional "Mental Health" Needs:</i>	

ALCOHOL AND OTHER DRUG ABUSE (AODA)		RATING SCALE → 0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>		
CANS 22: Substance Abuse. <i>Do you know whether your child has ever drank or taken drugs? Have you ever suspected that your child may have an alcohol or drug use problem? Has anyone ever told you that they thought your child might be using alcohol or drugs?</i>	<input type="checkbox"/> Strength?	CANS 22 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Describe AODA abuse or abuse or addiction concerns regarding other family members.</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Describe the impact AODA issues have had on yourself and family members, both currently and in the past (include impact on social/community and family relationships, as well as on financial, legal, and employment situations):</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Do family members have access to needed AODA treatment and support?</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
<i>Additional "AODA" Strengths:</i>	<i>Additional "AODA" Needs:</i>	

SOCIAL & RECREATIONAL

Source(s) of information: _____
Required for Comprehensive Community Services (CCS)

Social & Recreational: CANS STRENGTHS NOTE "STRENGTHS" RATING SCALE	RATING SCALE → 0 = Strong -----We can build around this 1 = Good -----With a little help this could be strong 2 = Potential ----- Need to develop the strength 3 = We need help to identify these strengths
--	--

CANS S10: Interpersonal. <i>Can your child be pleasant and likeable? Is he/she ever charming or charismatic? Do adults or other children like him/her? Can he/she act correctly (appropriately) in some social settings?</i>	CANS S10: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	---

CANS S11: Inclusion. <i>Are your child and family active in your community? Is he/she a member of any community organization or group? Do you feel that your family is a part of your community?</i>	CANS S11: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	---

NOTE "NEEDS" RATING SCALE	RATING SCALE → 0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
----------------------------------	--

CANS 23: Antisocial Behavior. <i>Is your child honest? How does your child handle telling the truth/lies? Has anyone told you that your child has been part of any criminal behavior? Has your child ever tortured animals or set fires?</i>	<input type="checkbox"/> Strength?	CANS 23 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	------------------------------------	---

<i>Social interactive skills: Do family members have friends – why or why not? Do they get along well with others?</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
--	------------------------------------	---

<i>Describe activities family members currently do together or would like to do together:</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	------------------------------------	---

<i>Describe activities your child or family members are involved in, or would like to be involved in, as individuals:</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	------------------------------------	---

<i>Describe social relationships – do family members spend time with people outside their immediate family?</i>	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
---	------------------------------------	---

Additional "Social & Recreational" Strengths:	Additional "Social & Recreational" Needs:
---	---

CHILD WELFARE

Source(s) of information: _____
Required for Comprehensive Community Services (CCS)

RATING SCALE →	0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
-----------------------	---

CANS 24: Abuse. <i>Have there been any reports to Human Services or police contact regarding physical, sexual, emotional or medical abuse of your child? What form of discipline is used to punish your child? How is your child's positive behavior reinforced? Does your child feel safe in his/her home?</i>	<input type="checkbox"/> Strength?	CANS 24 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 25: Neglect. <i>How are your child's needs for food, shelter and clothing being provided? Who supervises your children when you are not around? How are your child's emotional needs met?</i>	<input type="checkbox"/> Strength?	CANS 25 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 26: Exploitation. <i>What are your child's responsibilities around the house? Does your child perform activities around the house that should be the responsibility of an adult? Has your child ever been involved in criminal activities while with an adult?</i>	<input type="checkbox"/> Strength?	CANS 26 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 27: Permanency. <i>Are there any barriers or concerns regarding your child's current living situation? Who in your home provides care for your children?</i>	<input type="checkbox"/> Strength?	CANS 27 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
Additional "Child Welfare" Strengths:	Additional "Child Welfare" Needs:	

CULTURAL & SPIRITUAL

Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>		
Cultural & Spiritual: CANS STRENGTHS NOTE "STRENGTHS" RATING SCALE	RATING SCALE →	0 = Strong -----We can build around this 1 = Good -----With a little help this could be strong 2 = Potential ----- Need to develop the strength 3 = We need help to identify these strengths
CANS S12: Spiritual/religious. <i>Are you involved with any religious community? Is your child involved? Do you have spiritual beliefs that provide comfort? Does your child have spiritual beliefs that provide comfort? Does your household share spiritual/religious activities/beliefs?</i>	CANS S12: <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3	
Additional "Cultural & Spiritual" Strengths:	Additional "Cultural & Spiritual" Needs:	
NOTE "NEEDS" RATING SCALE	RATING SCALE →	0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
Describe ethnic or national traditions/holidays your family observes. How do family members participate in these traditions? Are there any barriers to participating in those traditions?		
<input type="checkbox"/> Strength?		<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Does your family have access to desired spiritual and cultural practices and support?	<input type="checkbox"/> Strength?	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

CAREGIVER STRENGTHS & NEEDS		RATING SCALE → 0 = No Problems ----- No action needed 1 = Mild Problems ----- Let's watch, try to prevent 2 = Moderate Problems --- Help is needed 3 = Severe Problems ----- Help is needed now
Source(s) of information: _____ <i>Required for Comprehensive Community Services (CCS)</i>	Caregiver(s) Being Rated: _____	
CANS 28: Physical/Behavioral Health. <i>How is your health? Do you have any health problems that make it hard for you to take care of your family? Do you have any mental health or substance abuse needs that make parenting more difficult?</i>	<input type="checkbox"/> Strength?	CANS 28 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 29: Supervision. <i>How do you feel about your ability to keep an eye on and discipline your child/children? Do you think you might need some help with these issues?</i>	<input type="checkbox"/> Strength?	CANS 29 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 30: Involvement with Care. <i>How do you feel about being involved in services for your child? Do you feel comfortable speaking up on behalf of your child (being an advocate)? Would you like any help to become more involved with making decisions about your child's services?</i>	<input type="checkbox"/> Strength?	CANS 30 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 31: Knowledge. <i>Do you feel comfortable with what you know about your child's needs? Have professionals told you things about your child where you didn't know what they were trying to say? Are there areas where you feel you would like to know more?</i>	<input type="checkbox"/> Strength?	CANS 31 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 32: Organization. <i>Do you think you need or want help with managing your home? Do you experience any particular challenges with getting things done that you or your family need to do?</i>	<input type="checkbox"/> Strength?	CANS 32 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 33: Resources. <i>Do you have enough of what you need to take care of your families needs? Do you have family members or friends who can help you when you need it?</i>	<input type="checkbox"/> Strength?	CANS 33 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 34: Residential Stability. <i>Is your current housing situation stable? Do you have any concerns that you might have to move in the near future?</i>	<input type="checkbox"/> Strength?	CANS 34 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3
CANS 35: Safety. <i>Is your child safe from physical and mental harm in the place they currently live?</i>	<input type="checkbox"/> Strength?	CANS 35 <input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3

Additional Caregiver Strengths:

Additional Caregiver Needs:

SUMMARY *(required for CCS)*

Write a summary that brings all the information from the Assessment together into a succinct analysis of the child's situation in a wholistic manner. The summary should lead into the Plan of Care.

SIGNATURES *(required for CCS)*

Coordinator

Title and Degree

Date

Caregiver

Role (e.g. father, grandmother)

Date