|  |
| --- |
| The Coordinated Services Team (CST) InitiativeAssessment Summary of Strengths & Needs – CANS-Comprehensive |
|  **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 *CST Assessment Summary of Strengths & Needs* includes the items from the Child and Adolescent Needs and Strengths (CANS) Comprehensive tool. For more information on the CANS tool, please visit www.praedfoundation.org. Guiding questions for each item 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 provide answers/comments to each guiding question.CANS items are clearly labeled and bolded, and correspond with the Wisconsin CANS-Comprehensive scoring sheet. Note that the rating scale for “CHILD/YOUTH STRENGTHS” items is different from regular CANS item rating scales. Unless otherwise noted, please rate the highest level from the ***past 30 days***.It is important to rate the situation of the *identified child* when rating CANS items in the Trauma, Life Functioning, School, Child/Youth and Family Acculturation, Child/Youth Behavioral/Emotional Needs, Child/Youth Risk Behaviors, and Child/Youth Strengths domains. There is a separate domain (Current Caregiver) for rating caregiver needs and strengths.  |

|  |
| --- |
| CHILD/YOUTH RESTRICTIVENESS OF LIVING ENVIRONMENT*Please report all changes in living environment while the child/youth is enrolled, and 3 months prior to enrollment.* |
| **Living Location Dates** | Living Location *(See options to the right)* | **Living Location Options:** |
| **Start Date** | **End Date** | * 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
 | * 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
 | * Home of a Family Friend
* Home of Adoptive Parent
* Home of Relative
* School Dormitory
* Home of Natural Parent (Child)
* Home of Natural Parent (18 Yrs)
* Independent Living with Friend
* Independent Living on Own
 |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

*This document has been assembled by White Pine Consulting Service, Inc. in partnership with the Wisconsin Department of Health Services, the Wisconsin Department of Child and Family Services, Dr. John Lyons, PhD (Praed Foundation), and Lutheran Social Services of Wisconsin. For more information about White Pine Consulting Service Inc. or the Coordinated Services Team (CST) Initiative, please visit our website: www.wicollaborative.org, email: info@whitepineconsulting.org, or call (715) 258-0877. Reactions, comments, and suggestions are welcomed.*

|  |  |  |
| --- | --- | --- |
| FAMILY LIVING SITUATION AND ACTIVITIES*Please Note: The Items in this section are not CANS items.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| *Describe your family’s current living situation. Who lives in your home? Do all family members live at home?*      | [ ]  0 [ ] 1 [ ] 2 [ ]  3 |
| *Does your home provide enough space, privacy and comfort?*       | [ ]  0 [ ] 1 [ ] 2 [ ]  3 |
| *Are there barriers to living in your current home long-term? (Examples: unaffordable rent, distance from town/transportation issues)*      | [ ]  0 [ ] 1 [ ] 2 [ ]  3 |
| *Are there any safety concerns? (Examples: living on busy street, safe neighborhood, fire safety/disaster plan, unsanitary conditions, etc.)*      | [ ]  0 [ ] 1 [ ] 2 [ ]  3 |
| *Describe activities family members currently do together or would like to do together:*      | [ ]  0 [ ] 1 [ ] 2 [ ]  3 |
| *Describe activities your child or family members are involved in, or would like to be involved in, as individuals:*      | [ ]  0 [ ] 1 [ ] 2 [ ]  3 |
| *Identified Strengths:*       | *Additional Identified Needs:*        |

|  |  |  |
| --- | --- | --- |
| TRAUMA *These items describe events that may have happened at any time in the child/youth’s lifetime. They are unlikely to change over time unless previously unknown trauma experiences become identified. For this reason, the 30-day time period does not apply to this section.*  | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| ***NOTE: If any items in this module receive a rating of 1, 2, or 3, complete the ADJUSTMENT TO TRAUMA MODULE.*** |
| **CANS 1: Sexual Abuse\*.**  *Has the child experienced any sexual contact? Was it unwanted or with someone more than two years older? Were there multiple incidents? What was the extent of the sexual contact? Was the child injured by the sexual contact?*       | CANS 1**[ ]  0 [ ] 1 [ ] 2 [ ]  3***\*If Rating = 1,2, or 3 complete the SEXUAL ABUSE MODULE* |
| **CANS 2:** **Physical Abuse.** *Do you suspect the youth has experienced any physical abuse? Have they been spanked or experienced any physical punishment? If so, was there harm intended? Was any medical treatment needed*?      | CANS 2**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 3: Neglect.** *Has the child been left alone without adult supervision or did not have adequate supervision? Have they done without adequate food, shelter or clothing?*       | CANS 3**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 4: Emotional Abuse.** *Has the child experienced any emotional abuse? Has he/she been kept apart from caregivers for long periods as punishment? Have caregivers insulted or humiliated them in an ongoing way? Have they been terrorized by caregivers?*       | CANS 4**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 5: Medical Trauma.** *Has the child had any minor surgery like stitches or bone setting? Have they had major surgery requiring hospitalization? Have they had life threatening medical trauma?*      | CANS 5**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 6: Natural Disaster.**  *Has the child experienced a natural disaster, or been affected by someone else’s experience with one? Has the natural disaster had an impact on their well-being, or threatened their life?*       | CANS 6**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 7: Witness to Family Violence.** *Has the child witnessed one or multiple incidents of family violence? Have they had to intervene? Have they witnessed significant injuries occurring as a result of the family violence?*       | CANS 7**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 8: Witness to Community Violence.** *Has the child witnessed fighting or other forms of violence in the community? Have they witnessed others being significantly injured in community violence, or death?*       | CANS 8**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 9: Witness/Victim – Criminal Acts.** *Has the child been a victim of criminal activity or witnessed significant criminal activity such as the victimization of a family member or friend?*       | CANS 9**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*        |
| ***NOTE: If any items in this section received ratings of 1, 2, or 3, complete the ADJUSTMENT TO TRAUMA MODULE*** |

|  |  |  |
| --- | --- | --- |
| LIFE FUNCTIONING | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| **CANS 15: Family Nuclear**. *How are your child’s relationships with other nuclear family members (parents and siblings)? Is their frequent arguing? Any issues related to domestic violence?*        | CANS 15**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 16: Extended Family.**  *How are your child’s relationships with extended family members? Is their frequent arguing? Any issues related to domestic violence?*        | CANS 16**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 17: Living Situation.** *How is the youth behaving and getting along with others in their current living situation?*       | CANS 17**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 18: Developmental\*.**  *Has your child developed like other children his/her age? 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?*       | CANS 18\***[ ]  0 [ ] 1 [ ] 2 [ ]  3***\*If Rating = 1,2, or 3 complete DD MODULE* |
| **CANS 19: Medical\*.**  *Is your child generally healthy? Does he/she have any medical problems? Does your child have to see a doctor regularly to treat any problems (such as asthma, diabetes)?*       | CANS 19\***[ ]  0 [ ] 1 [ ] 2 [ ]  3***\*If Rating = 1,2, or 3 complete MEDICAL MODULE* |
| **CANS 20: Physical.** *Does your child have any physical limitations? Are there any difficulties with hearing or vision? Are there any medical conditions that result in physical limitations?*       | CANS 20**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 21: Dental.** *Does your child have healthy teeth? Are there any dental problems than need care or monitoring?*       | CANS 21**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 22: Daily Functioning.** *Is your child able to care for him/herself in a way he/she needs compared to other children his/her age? Are things or events getting in the way of his/her self-care?*       | CANS 22**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 23: Social Functioning Peers.** *How well does the youth get along with others his/her own age? Does s/he make new friends easily? Has he/she kept friends a long time or does he/she tend to change friends frequently?*       | CANS 23**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 24: Social Functioning Adults.** *How does the youth get along with adults? Does your child display age-appropriate behavior when around adults?*      | CANS 24**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 25: Legal\*.** *Has your child ever admitted to you that he/she has broken the law? Has s/he had any contact with police or the juvenile justice system? Has he/she ever been arrested? Has he/she ever been placed in juvenile detention?*       | CANS 25\***[ ]  0 [ ] 1 [ ] 2 [ ]  3***\*If Rating = 1,2, or 3 complete the LEGAL / JJ MODULE* |
| CANS 26: Eating Disturbance*. Does your child have any problems with eating? Do the problems interfere with his/her functioning, or are they dangerous or disabling?*       | CANS 26**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 27: 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? Does he/she have any trouble falling asleep or staying asleep? Any nightmares or bedwetting?*        | CANS 27**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 28: 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? What if any concerns do you have about your child and sexual activity/behavior? Do you have any concerns regarding your child’s sexual identity?*        | CANS 28**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 29: Life Skills. *Does your child have self-care and daily living skills that appear developmentally appropriate? Does s/he require excessive verbal prompting on self-care tasks or daily living skills? Does s/he require assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting)? Does s/he require attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting?*       | CANS 29**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 30: Expectant Parent or Parenting. *Does your child have a child of their own or are they expecting a child? Is child protective services involved?*       | CANS 30**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*        |

|  |  |  |
| --- | --- | --- |
| SCHOOL*If the child is receiving special education services, rate the child’s performance and behavior relative to their peer group. If it is planned for the child to be mainstreamed, rate the child’s school functioning relative to that peer group.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| CANS 31: Attendance. *Does your child attend school regularly? Does s/he miss some days? Two or more days a week missed? Is s/he generally truant or refusing to go to school?*       | CANS 31**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 32: Behavior. *Is your child behaving well in school? Does s/he have behavior problems there? Is s/he disruptive and received sanctions? Is s/he frequently disruptive, and/or in danger of losing school placement?*       | CANS 32**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 33: Achievement. *Is your child doing well in school? Adequately? Is s/he failing some subjects? Does s/he have severe achievement problems? Is s/he failing most subjects or more than one year behind same age peers in school achievement?*       | CANS 33**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 34: Relation with Teachers. *Does your child have good relationships with teachers and other school staff/personnel? Does s/he have difficulty with one teacher, or in one class period? Is s/he having difficult relationships with teachers that notably interferes with his/her education? Is s/he having very difficult relationships with all teachers or all the time with their only teacher? Do relationships with teachers currently prevent your child from learning?*       | CANS 34**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| CHILD/YOUTH & FAMILY ACCULTURATION | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| **CANS 35: Language.** *This item includes both spoken and sign language. Does the child or significant family members have any difficulty communicating (either because English is not their first language or due to another communication issue such as the need to use/learn sign language)?*       | CANS 35**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 36: Identity.** *Cultural identity refers to the child’s view of his/herself as belonging to a specific cultural group. This cultural group may be defined by a number of factors including race, religion, ethnicity, geography or lifestyle. Do your child and family have a sense of belonging to a specific cultural group? Does your child have role models, friends and community who share his/her sense of culture?*        | CANS 36**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 37: Ritual.** *Cultural rituals are activities and traditions that are culturally including the celebration of culturally specific holidays such as kwanza, cinco de mayo, etc. Rituals also may include daily activities that are culturally specific (e.g. prayer at specific times, eating a specific diet, access to media).* *Are your child and family able to celebrate with others (friends, family, and community) who share their traditions and customs?*       | CANS 37**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 38: Cultural Stress.** *Cultural stress refers to problems associated with the reaction of others to your child’s cultural identify based on their knowledge, attitudes, or beliefs. Has your child experienced problems with the reaction of others to his/her cultural identity? Has your child experienced discrimination?*       | CANS 38**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 39: Knowledge Congruence.** *This item refers to a family’s explanation about their children’s presenting issues, needs and strengths in comparison to the prevailing professional/helping culture(s) perspective.  Are your child and family able to explain issues, needs and strengths to professionals so that you are understood? Do you understand professionals’ explanations/views of your child? Are there differences between you and the professionals that keep you from getting his or her needs met?*      | CANS 39**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 40: Help Seeking Congruence.** *This item refers to a family’s approach to help seeking behavior in comparison to the prevailing professional/helping culture(s) perspective.  Are your child and family able to communicate with professionals to get the help you need? Do you have any needs that you and professionals disagree over and that conflict results in the need not being met?*       | CANS 40**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 41: Expression of Distress -** *This item refers to a family’s style of expressing distress in comparison to the prevailing professional/helping culture(s) perspective.  Are your child and family able to let professionals know your distress? Are you able to get the help you need when distressed?*       | CANS 41**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| CHILD/YOUTH BEHAVIORAL/EMOTIONAL NEEDS | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| *AXIS I Diagnosis:*  |       | *AXIS II Diagnosis:* |       | *Diagnosing Doctor:*       |
| Has your child been identified having a Severe Emotional Disability (SED)? [ ]  Yes [ ]  No *If not, consider completing the SED Checklist (separate document).* |
| **CANS 42: Psychosis.** *Does your child talk about hearing, seeing or feeling something that you do not believe was actually there? Does your child do strange or bizarre things of which you could make no sense? Does your child have strange beliefs about things? Has anyone told you that your child has a thought disorder or a psychotic condition?*       | CANS 42**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 43: Impulsivity/Hyperactivity.** *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?*        | CANS 43**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 44: Depression.** *Do you think your child is depressed or irritable? Has he/she withdrawn from normal activities? Does your child seem lonely or not interested in others?*       | CANS 44**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 45: Anxiety.** *Does your child have any problems with anxiety or fearfulness? Is s/he avoiding normal activities out of fear? Does your child act frightened or afraid? Does your child worry a lot?*       | CANS 45**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 46: Oppositional Behavior.** *Does your child typically refuse to do what adults tell him/her to do? If so, has this behavior affected your child’s situation at home, school, or in the community? Has your child’s defiant behavior ever caused emotional or physical harm to others?*      | CANS 46**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 47: Conduct.**  *Is your child honest?**How does your child handle telling the truth/lies? Does your child steal or manipulate others? Has your child ever shown violent or threatening behavior towards others? Has your child ever intentionally hurt animals or set fires?*       | CANS 47**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 48: Anger Control.** *Does your child have any problems controlling their anger? Do family members find they try not to frustrate him/her to avoid his/her tantrums? Has his/her temper resulted in troubles with peers? Has his/her anger been associated with fighting/violence?*       | CANS 48**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 49: Substance Use. *Do you suspect your child has used substances such as alcohol, illegal drugs, or other people’s prescription drugs? Does your child have any substance abuse needs that make parenting more difficult? Is there clear evidence of substance abuse interfering with functioning in any life domain? Is there substance addiction, or need for detoxification, or is the child currently intoxicated?*       | CANS 49**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 50: Somatization*.*** *Does your child have any unexplained physical symptoms? Do they get headaches, backaches, stomach problems or other symptoms and turn out not to be sick? Do medical personnel suspect he/she is having emotional issues that represent themselves as physical symptoms?*       | CANS 50**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 51: Behavioral Regression.** *Does your child sometimes act younger than their peers (whining, thumb-sucking when age inappropriate)? Do they sometimes lose the ability to do what they’d done well before (not playing well with peers, bed-wetting, baby-talk)?*       | CANS 51**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 52: Affect Dysregulation*.*** *At times is your child unable to handle their emotions? Does he/she cry, scream or withdraw from others?*       | CANS 52**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| CHILD/YOUTH RISK BEHAVIORS | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| **CANS 53: Suicide Risk.** *Has your child ever talked about a wish or plan to hurt him/herself? Has your child ever tried to commit suicide?*        | CANS 53**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 54: Self Injurious Behavior.** *Has your child ever talked about a wish or plan to hurt him/herself? Does your child ever purposely hurt him/herself (e.g. cutting)? If so, has medical attention ever been required?*      | CANS 54**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 55: Other Self Harm.** *Has your child engaged in certain types of behavior that put him/her or others at risk of physical harm? (e.g. reckless behavior such as riding on top of cars, climbing grain elevators, promiscuity)?*       | CANS 55**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 56: Exploitation.** *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?*       | CANS 56**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 57: Danger to Others.** *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?*       | CANS 57**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 58: Sexual Aggression.** *Has your child ever been accused of being sexually aggressive with another child? What happened after that?*       | CANS 58**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 59: Delinquent Behavior.** *Has your child been involved in any criminal or delinquent activities including truancy and curfew violations? Has your child ever been arrested? Did his/her arrest occur in the past 30 days? Before then? Did his/her serious delinquent behavior placing him/her or others at risk of loss or harm? Has s/he been charged?*       | CANS 59**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 60: Runaway\***. *Has your child recently 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?*       | CANS 60**[ ]  0 [ ] 1 [ ] 2 [ ]  3***\*If Rating = 1,2, or 3 complete the RUNAWAY MODULE* |
| **CANS 61: Intentional Misbehavior.** *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?*       | CANS 61**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 62: Fire setting.** *Does your child ever play with matches or set fires? Did s/he do so before six months ago but not since, or within the past 6 months to two years? Did the fire setting behavior destroy property or endanger the lives of others? Is s/he currently threatening to set fires?*       | CANS 62**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 63: Bullying.** *How does your child get along with other children? Has anyone ever told you that your child has picked on, made fun of, harassed or intimidated another child? Have you ever worried that your child might bully other children?*       | CANS 63**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| CHILD/YOUTH STRENGTHS*Use the Strengths Rating Scale to the right for these items.* | **STRENGTHS****RATING** **SCALE** |  0 = Centerpiece Strength --------- We can build around this 1 = Useful Strength-- -------- With help this could be strong 2 = Identified Strength ---- Need to develop in order to use 3 = No Strength Identified |
| **CANS S1: Relationship Permanence.** *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?*       | CANS S1**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S2: Family - Nuclear**. *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?*        | CANS S2**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S3: Family - Extended.** *How do you care about one another in your extended 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?*       | CANS S3**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S4: Positive Peer Relations**. *Can your child be pleasant and likeable? Does s/he have friends? Do other children/youth like him/her? Can he/she act correctly (appropriately) in social settings?*       | CANS S4**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S5: 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 S5**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS S6: Decision Making. *Does your child have excellent or good decision making skills? Does s/he have some limited ability to assess situations and anticipate consequences but generally needs assistance? Does s/he have no demonstrated ability to make appropriate decisions?*       | CANS S6**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS S7: Well Being. *Independent of any current level of distress, does your child have exceptional or good psychological strengths, able to both cope with negative events and savor positive ones? Is s/he more limited in psychological strengths, perhaps with low self-esteem? Does s/he have no known or identifiable psychological strengths, perhaps from intellectual impairment or serious psychiatric disorders?*       | CANS S7**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S8: 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? Do you feel your child’s educational needs are being met?*      | CANS S8**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S9: Recreational.** *Does your child/youth have things that s/he likes to do with his/her free time? Things that give him/her pleasure? Activities that are a positive use of his/her extra time? Does he/she often claim to be bored or have nothing to do?*       | CANS S9**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S10: 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 S10**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S11: 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 S11**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S12: Spiritual/religious.** *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?*       | CANS S12**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S13: Community Life.**  *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?*        | CANS S13**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S14: Youth Involvement**.  *Is your child actively involved in his/her own treatment? Does he/she participate in treatment planning? Is your child’s voice being heard? Does your child have the necessary skills to advocate or to participate in his/her treatment plan?*       | CANS S14**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S15: Natural Supports.** *This refers to unpaid, non-family adults. Does your child have helpers who support his/her healthy development?*       | CANS S15**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S16: Resiliency.** *Some of your child’s strengths are internal (e.g. interests and abilities). 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?*       | CANS S16**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS S17: Resourcefulness.** *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?*       | CANS S17**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Additional Identified Strengths:*       | *Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| CURRENT CAREGIVER STRENGTHS & NEEDS*Rate the caregiver at the child’s current placement.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| **CANS CCG1: Supervision.** *Do you feel you are monitoring and disciplining your child/youth sufficiently? Do you need any help with learning these skills? Is your child at any risk of harm from a lack of ability to supervise him/herself?*       | CANS CCG1**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG2: Problem Solving.**  *Are you able to solve the problems that come up in parenting? Are you having difficulty solving the problems in parenting?*      | CANS CCG2**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG3: Involvement with Care**. *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?*      | CANS CCG3**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG4: Knowledge**. *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?*       | CANS CCG4**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS CCG5: Empathy with Child. *Do you feel you have a strong sense of what your child is feeling? Do you relate to your child’s experiences? Do you get confused by your child’s behavior and/or feelings and/or motives?*       | CANS CCG5**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG6: Organization.**  *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?*       | CANS CCG6**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG7: Social Resources.** *Do you have enough social support to take care of your family’s needs? Do you have family members or friends who can help you when you need it?*       | CANS CCG7**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG8: Physical Health.** *How is your health? Do you have any health problems that make it hard for you to take care of your family? Does anyone else in the family have serious physical needs? Do you help care for them?*       | CANS CCG8**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG9: Mental Health.** *Do you have any mental health needs that make parenting more difficult? Does anyone else in the family have serious mental health needs? Do you help care for them?*       | CANS CCG9**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS CCG10: Substance Use. *Do you have any substance abuse needs that make parenting more difficult? Are you currently in recovery? Does anyone else in the family have serious substance abuse needs? Do you help care for them?*      | CANS CCG10**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG11: Developmental** *Has anyone ever told you that you may have developmental problems that makes parenting/caring for your child more difficult?*      | CANS CCG11**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG12: Family Stress.** *Do you find it stressful at times to manage the challenges you experience when it comes to dealing with your child’s needs? Do you find it hard to manage at times? Does your stress ever interfere with your ability to care for your child? If so, does it ever reach a level that you feel like you can’t manage it?*      | CANS CCG12**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS CCG13: Cultural Congruence.** *In spite of differences in culture, are you able to get the needs of your child met with care providers? Are there cultural issues getting in the way of your child or you getting their needs met with providers?*      | CANS CCG13**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| IDENTIFIED PERMANENT RESOURCE STRENGTHS & NEEDS*Rate this domain if the “Identified Permanent Resource” is different from the “Current Caregiver” rated above.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| **CANS PR1: Residential Stability.** *Is your current housing situation stable? Do you have any concerns that you may have to move in the near future?* | CANS PR1**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR2: Self-Care/Daily Living.**  *Are you able to care for your child in the ways he/she needs? Are things or events getting in the way of caring for him/her?*      | CANS PR2**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR3: Access to Child Care.** *Do family members have access to child care when needed – while adults are at work and when family members “just need a break”?*      | CANS PR3**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR4: Acculturation.** *Does your family’s language or culture differ from the language or culture of people around you? Are there any cultural, language, or cultural identity issues getting in the way of your ability to parent?*      | CANS PR4**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR5: Employment.** *Are you able to fulfill your work and/or school duties? Do you have any health, learning or other difficulties that keep you from working or going to school?*      | CANS PR5**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR6: Education.** *Are you satisfied with the amount of education you have attained? Do you need more education but are unable to make progress toward doing so? Does this interfere with your work ability?*      | CANS PR6**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR7: Financial Resources.** *Is there enough income to meet the family’s needs?*       | CANS PR7**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS PR8: Community Connect.  *Are you involved with community organizations? Do you have positive ties to your community? Are you new to the community, not yet involved? Are there barriers to your becoming involved in your community?*      | CANS PR8**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR9: Legal.** *Do you have any legal problems or history of legal problems? Are you at risk for going to jail?*      | CANS PR9**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR10: Transportation.** *Do you have a way to get you and your child/youth to needed destinations? Do you have any transportation needs you need support to meet?*       | CANS PR10**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR11: Supervision.** *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?*      | CANS PR11**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR12: Problem Solving.** *Do you find it challenging to take care of parenting problems/challenges that arise?*      | CANS PR12**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR13: Involvement with Care**. *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?*      | CANS PR13**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR14: Knowledge**. *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?*      | CANS PR14**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS PR15: Empathy with child. *Do you feel you have a strong sense of what your child is feeling? Do you relate to your child’s experiences? Do you get confused by your child’s behavior and/or feeling and/or motives?* | CANS PR15**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR16: Organization.**  *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?*       | CANS PR16**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR17: Social Resources.** *Do you have enough social support to take care of your family’s needs? Do you have family members or friends who can help you when you need it?*      | CANS PR17**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR18: Physical Health.** *How is your health? Do you have any health problems that make it hard for you to take care of your family? Does anyone else in the family have serious physical needs? Do you help care for them?*      | CANS PR18**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR19: Mental Health.** *Do you have any mental health needs that make parenting more difficult? Does anyone else in the family have serious mental health needs? Do you help care for them?*      | CANS PR19**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR20: Substance Use.** *Do you have any substance abuse needs that make parenting more difficult? Are you currently in recovery? Does anyone else in the family have serious substance abuse needs? Do you help care for them?*      | CANS PR20**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR21: Developmental.** *Has anyone ever told you that you may have developmental problems that makes parenting/caring for your child more difficult?*       | CANS PR21**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR22: Family Stress.** *Do you find it stressful at times to manage the challenges you experience when it comes to dealing with your child’s needs? Do you find it hard to manage at times? Does your stress ever interfere with your ability to care for your child? If so, does it ever reach a level that you feel like you can’t manage it?*      | CANS PR22**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS PR23: Cultural Congruence.** *In spite of differences in culture, are you able to get the needs of your child met with care providers? Are there cultural issues getting in the way of your child or you getting their needs met with providers?*      | CANS PR23**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |
| --- |
| APPENDIX |

|  |  |  |
| --- | --- | --- |
| Adjustment to Trauma Module | --------------------------------------- | Page A1 |
| Sexual Abuse Module | --------------------------------------------------- | Page A2 |
| Developmental Disability (DD) Module | ------------------------------ | Page A3 |
| Medical Module | ----------------------------------------------------------- | Page A4 |
| Legal Module | -------------------------------------------------------------- | Pages A5 & A6 |
| Runaway Module | --------------------------------------------------------- | Page A7 |

|  |  |  |
| --- | --- | --- |
| ADJUSTMENT TO TRAUMA MODULE*Rate items in this Module if any items in the TRAUMA section received ratings of 1, 2, or 3.*  | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| **CANS 10: Adjustment to Trauma.** *This dimension covers the youth's reaction to any of a variety of traumatic experiences -- such as emotional, physical, or sexual abuse, separation from family members, witnessing violence, or the victimization or murder of family members or close friends. Has youth experienced a traumatic event? Does s/he experience frequent nightmares? Is s/he troubled by flashbacks? Is s/he unusually afraid of being alone, or of participating in normal activities?*       | CANS 10**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 11: Traumatic Grief/Separation. *Is your child experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation? Is his/her traumatic grief or difficulties with separation impairing functioning in certain but not all areas, perhaps including withdrawal or isolation from others? Is it extreme, impairing functioning across several areas (e.g. interpersonal relationships, school) for a significant period of time following the loss or separation?*       | CANS 11**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 12: Intrusions.** *Has the child experienced any intrusive thoughts, memories, or other repeat experiences of the trauma? Has it interfered with their functioning? Has the effect been severe?*       | CANS 12**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 13: Attachment.** *Is the Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust? Are there mild problems of attachment such as separation or detachment? Do they meet DSM-IV Attachment Disorder? Are the problems severe?*       | CANS 13**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 14: Dissociation.** ***(Rate highest level in last 30 days)*** *Does your child experience any symptoms of dissociation? Does s/he have clear episodes? Is it profound?*       | CANS 14**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| SEXUAL ABUSE MODULE*Rate items in this module if the CANS 1: SEXUAL ABUSE item received a rating of 1, 2, or 3.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| **CANS 1a: Emotional Closeness to Perpetrator.** *At the time of the abuse, was the perpetrator a stranger, acquaintance, non-family in a close relationship to the child, or an immediate family member?*      | CANS 1a**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 1b: Frequency of sexual contact.** *How many times did the sexual contact occur?*      | CANS 1b**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 1c: Duration.** *How long did the sexual contact go on for? When did it first occur, and when did it most recently occur?*      | CANS 1c**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 1d. Force:** *Was force used in the sexual contact? Was emotional blackmail threatened or implied? Was physical force threatened or implied? Did physical injury occur?*      | CANS 1d**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 1e: Reaction to Disclosure.** *How did others react to the disclosure? Were they supportive? Were they upset? Did they blame the victim or imply that the victim was at fault?*       | CANS 1e**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 1f: Victim of Sex Trafficking.** *Has the child experienced sex trafficking? If so how often did it occur? Did physical harm occur?*       | CANS 1f**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| DEVELOPMENTAL DISABILITY (DD) MODULE*Rate items in this module if the CANS 18: DEVELOPMENTAL item received a rating of 1, 2, or 3.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| CANS 18a: Cognitive. *Is your child functioning in the normal intellectual range? Do you have suspicions or assessment results of any intellectual problems? Are there any learning challenges? Is he/she mildly mentally retarded? Moderately or profoundly retarded?*      | CANS 18a**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 18b: Autism Spectrum.** *Is your child developing normally? Is there any evidence of mild delays in his/her development? Do they have a pervasive developmental disorder such as Autism, Tourette’s, Down’s Syndrome or another significant developmental delay? Is there evidence of a severe developmental disorder?*      | CANS 18b**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 18c: Communication. *Has your child ever been diagnosed with having a problem with understanding words or using words to express him/herself? Have you ever worried about your child’s ability to understand or use words? Has anyone told you that your child has or could have a learning problem related with understanding others or expressive him/herself?*      | CANS 18c**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 18d: Self-Care Daily Living Skills. *Can your child perform daily living skills consistent with his/her age? Do they require verbal prompting to complete self-care tasks of daily living skills? Do they require assistance such on physical prompting to eat, bathe, dress, or toilet? Do they require attendant care on more than one of the self-care tasks described in the last sentence?*      | CANS 18d**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| MEDICAL MODULE*Rate items in this module if the CANS 19: MEDICAL item received a rating of 1, 2, or 3.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| CANS 19a: Life Threat. *Does your child’s medical condition have no effect on their lifespan, or will it shorten it in adulthood, or in childhood, or is there imminent risk of death?*      | CANS 19a**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 19b: Chronicity. *Is your child expected to fully recover from his/her current medical condition within the next six months, or within 6 months to 2 years, or after two years, or is his/her medical condition expected to continue throughout his/her lifetime?*      | CANS 19b**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 19c: Diagnostic Complexity. *Are your child’s medical diagnoses and symptom presentation clear, or does the complexity of the condition raise doubts as to the accuracy of the diagnosis? Does the complexity raise substantial doubt about the diagnoses’ accuracy? Is it impossible to diagnose at this time?*      | CANS 19c**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 19d: Emotional Response. *Is your child able to cope will with his/her medical condition, or does he/she have emotional difficulties relating to the condition but able to function in other areas, or is the emotional difficulty causing problems functioning in other areas, or is his/her emotional response to the condition also interfering with treatment?*      | CANS 19d**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 19e: Impairment in Functioning. *Is your child despite medical treatment able to function in all other life domains? Does his/her medical condition affect functioning in at least one other domain? Is it interfering with more than one domain, or disabling in one domain? Is it disabling in all life domains?*       | CANS 19e**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 19f: Treatment Involvement. *Are your child and family actively involved in treatment, or find it difficult to stay consistent, or only sometimes able to do the treatment, or find it very difficult to be involved in treatment?*      | CANS 19f**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 19g: Intensity of Treatment. *Does your child’s medical treatment involve daily medications and once a week or less medical appointment, or multiple daily meds and/or multiple appointments per week, or daily non-invasive treatment by a caregiver, or daily and invasive treatment requiring training and/or medical personnel?*      | CANS 19g**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 19h: Organizational Complexity. *Does your youth have a single medical professional providing their care, or is a team within one organization needed, or a team across organizations that communicate well, or are there problems with the team communication?*      | CANS 19h**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| LEGAL – JUVENILE JUSTICE (JJ) DOMAIN*Rate items in this module if the CANS 25: LEGAL item received a rating of 1, 2, or 3.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| CANS 25a: Seriousness. *Is your youth engaged in delinquent behavior equivalent to status violations (e.g. curfew) or misdemeanor, or felony, or that places other citizens at risk of significant physical harm?*       | CANS 25a**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 25b: History. *Is your youth’s criminal/delinquent behavior the first known occurrence? Have they engaged in multiple criminal/delinquent acts in the past one year, or more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior? Has he/she engaged in multiple criminal/delinquent acts for more than one year without any prior of at least 3 months without the behavior?*      | CANS 25b**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 25c: Arrests. *Has your youth never been arrested? Has he/she had a history of delinquency, but no arrests in the past 30 days? Has he/she had 1-2 arrests in the last 30 days or more than 2 arrests in that period?*      | CANS 25c**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 25d: Planning.** *Did the youth commit their criminal/delinquent behavior opportunistically or impulsively? Is there evidence suggesting that he/she places him/herself into situations where the likelihood of criminal/delinquent behavior is enhanced? Is there evidence of some planning of criminal/delinquent behavior? Is there considerable evidence of significant planning of criminal/delinquent behavior and the behavior is clearly premeditated?*      | CANS 25d**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 25e: Community Safety.** *Is your youth safely unsupervised in the community? Does s/he engage in behavior that represents a risk to community property, or that even indirectly that places community residents in some danger of physical harm? Does s/he cause community members to be in danger of significant physical harm?*      | CANS 25e**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 25f: Legal Compliance.** *Is your youth fully compliant with all responsibilities imposed by the court (e.g. school attendance, treatment, restraining orders) or no court orders are currently in place? Does s/he sometimes miss appointments so is generally compliant, or go to school but not treatment so is partially compliant? Does s/he have parole violations and/or in serious and/or complete noncompliance with standing court orders?*      | CANS 25f**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 25g: Peer Influences.** *Does your youth have pro-social friends? Do his/her closest friends remain pro-social while other friends engage in delinquent/criminal behavior? Do most of his/her friends engage in delinquent/criminal behavior? Is s/he in a gang that requires criminal behavior?*      | CANS 25g**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 25h: Parental Criminal Behavior (Influences).** *Have you (parents) engaged in delinquent/criminal behavior? Does the youth have no contact with this parent for at least a year? Do both parents have a history of engaging in delinquent/criminal behavior?*      | CANS 25h**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| **CANS 25i: Environmental Influences.** *Does your child's environment stimulate or expose him/her to any criminal/delinquent behavior in a mild, moderate, or severe way?*      | CANS 25i**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |

***Continued on next page***

|  |
| --- |
| Contact with Police and/or the Juvenile Justice System*(Please report offenses in the past six months)* |
| **Date** | Type of Violation | **Taken into Custody?** | **Adjudicated?** | **Disposition*****(See options below)*** |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  No |       |
|       |       | [ ]  Yes [ ]  No | [ ]  Yes [ ]  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
 |
| *Identified Strengths:*       | *Additional Identified Needs:*       |

|  |  |  |
| --- | --- | --- |
| RUNAWAY MODULE*Rate items in this module if the CANS 60: RUNAWAY item received a rating of 1, 2, or 3.* | **RATING** **SCALE** | 0 = No Evidence of Problems ------- No action needed1 = Mild Problems ---------- Let’s watch, try to prevent2 = Moderate Problems ------------------ Action Needed3 = Severe Problems --- Immediate/Intensive Action Needed |
| CANS 60a: Frequency of Running. *Has your youth run only once in the past year, or multiple times, or often, or at every opportunity?*      | CANS 60a**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 60b: Consistency of Destination. *Does your youth run to the same location each time, or to the same general area but different locations, or to a broader area, or is there no planned destination to their running?*      | CANS 60b**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 60c: Planning. *Does your child run away spontaneously and impulsively? Does he/she somewhat or mostly plan their runaway or carefully orchestrate their plan so that they will not be caught?*      | CANS 60c**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 60d: Safety of Destination. *Does your youth run to a location with food and shelter? Does s/he usually run to a safe environment that is somewhat unstable or variable, or to unsafe locations that can’t meet needs for food and shelter, or where there is high risk of being victimized?*      | CANS 60d**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 60e: Involvement in Illegal Acts. *Does your youth refrain from illegal activities while running except for the run? Does s/he engage in status offenses (curfew, underage drink), or delinquent activities, or dangerous delinquent activities (prostitution and the like)?*      | CANS 60e**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 60f: Likelihood of Return on Own. *Does your youth return from running on their own? Does s/he return only when found? Does s/he make it hard to be found or passively resist return? Does s/he make repeated and concentrated efforts to not be found or resist return?*      | CANS 60f**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 60g: Involvement of Others. *Does your youth run without others’ involvement, and/or in spite of others’ support to not run? Do others passively enable running, or actively encourage it, or even help it happen?*      | CANS 60g**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| CANS 60h: Realistic Expectations. *Does your youth have realistic expectations as to the implications of their running away, or are they overly optimistic, or generally unrealistic, or delusional about what running away will accomplish?*      | CANS 60h**[ ]  0 [ ] 1 [ ] 2 [ ]  3** |
| *Identified Strengths:*       | *Additional Identified Needs:*       |