CHILD AND ADOLESCENT NEEDS AND STRENGTHS

For children 0 to 4 years old

___"New Client" CANS   ___6-Month Interim CANS   ___"Conclude Client" CANS

FUNCTIONING	0	1	2	3	U	NA	
1. Motor	O	O	O	O	O		_____
2. Sensory	O	O	O	O	O		Agency Name
3. Developmental/Intellectual	O	O	O	O	O		
4. Communication	O	O	O	O	O		(____)____-_____
5. Physical/Medical	O	O	O	O	O		Agency Telephone No.
6. Family							

PROBLEMS	0	1	2	3	U		
7. Attachment	O	O	O	O	O		_____
8. Failure to Thrive	O	O	O	O	O		Client Name
9. Anxiety	O	O	O	O	O		
10. Regulatory Problems	O	O	O	O	O		_____ ____
11. Adjustment to Trauma	O	O	O	O	O		
							Client ID # & LAN #

RISK FACTORS	0	1	2	3	U	NA	
							M F
12. Birth Weight	O	O	O	O	O		Sex (Circle One)
13. Prenatal Care	O	O	O	O	O		
14. Labor & Delivery	O	O	O	O	O		___ / ___ / ___
15. Substance Exposure	O	O	O	O	O		Birth Date
16. Parent/Sibling Problems	O	O	O	O	O		
17. Abuse/Neglect	O	O	O	O	O		
18. Maternal Availability	O	O	O	O	O		
						NA	___ / ___ / ___
							Referral Acceptance Date

CARE INTENSITY AND ORGANIZATION	0	1	2	3	U		
							___ / ___ / ___
19. Treatment	O	O	O	O	O	O	Conclusion Date
20. Funding/Eligibility	O	O	O	O	O		(If Applicable)
21. Transportation	O	O	O	O	O		
22. Service Permanence	O	O	O	O	O		
							___ / ___ / ___
						NA	CANS Administration

SPECIFY CAREGIVER RELATIONSHIP TO CHILD FOR ITEMS 23-31: _____

CAREGIVER NEEDS & STRENGTHS	0	1	2	3	U	NA	
23. Physical/Behavioral Health	O	O	O	O	O	O	1 ____ . ____
24. Supervision	O	O	O	O	O	O	2 ____ . ____
25. Involvement	O	O	O	O	O	O	3 ____ . ____
26. Knowledge	O	O	O	O	O	O	Psychiatric Diagnoses
27. Organization	O	O	O	O	O	O	[DSM-IV Codes]
28. Resources	O	O	O	O	O	O	
29. Residential Stability	O	O	O	O	O	O	
30. Employment	O	O	O	O	O	O	
31. Safety	O	O	O	O	O	O	

STRENGTHS	0	1	2	3	U	NA	
32. Family	O	O	O	O	O	O	
33. Interpersonal	O	O	O	O	O		
34. Relationship Permanence	O	O	O	O	O		
35. Curiosity	O	O	O	O	O		
36. Playfulness	O	O	O	O	O		

Note: Key on Reverse
Revised 10/19/04

Key

" 'New Client' CANS" = For a Client Who Is Beginning to Receive Service from Your Agency's SOC Program. (Also Mark This for "Readmits")

"6-Month Interim CANS" = For a Client Who Is Continuing to Receive Service from Your Agency's SOC Program, AND Whose Most Recent CANS Was Completed 6 Months Ago

" 'Conclude Client' CANS" = For a Client Who Will No Longer Be Receiving Services from Your Agency's SOC Program

"Client ID # & LAN #" = Numerical Identification of the Client AND of the Client's Placement

"Referral Acceptance Date" = Month, Day, and Year that the Client Began to Receive Services from Your Agency's SOC Program

"Conclusion Date (If Applicable)" = Month, Day, and Year that the Client No Longer Received Services from Your Agency's SOC Program

"CANS Administration Date" = Month, Day, and Year that the Present CANS Was Completed for the Client

"Psychiatric Diagnoses 1, 2, and 3" = The Client's Diagnosis/Diagnoses Made by the Clinician. Please list only the DSM-IV Numerical Code. For Example, Simply Write "300.4" for a Diagnosis of "Dysthymic Disorder"

"Specify Caregiver Relationship to Child for Items 26-33" = Relationship of the Foster Parent(s) (with Whom the Client Is Residing at Time of CANS Administration) to the Client