

Child Name:

Caregiver:

Date:

Assessor:

YOUTH & CAREGIVER INFORMATION			
Youth Name:	D/O/B:	AGE:	GENDER: FACTS ID:
Check Youth's Custody Status:		Permanent Custody ____	Temporary Custody ____ DJS ____ Non-custodial ____
Parent/Guardian/Caregiver Name:		Relationship:	
Parent/Guardian/Caregiver Phone:		Address:	
OR: Youth's Out-of-Home Care Setting:		Address:	Phone:
Out-of-Home Care Setting Case Manager Name:		Contact Information:	

AGENCY & ASSESSOR INFORMATION		
Provider Agency:	Date of CAPS Referral:	Date of CANS Completion:
Assessor Name:	Credentials/Certifications:	
Assessor Phone:	Email:	

REFERRAL SOURCE INFORMATION		
Worker:	County:	Phone/Extension:
Worker email:		

COURT INFORMATION			
Judge:	County:	Adjudication Status:	
Guardian Ad Litem:	Phone:	Email:	Address:
Attorney:	Phone:	Email:	Address:
Probation Officer:	County:	Phone:	Email: Address:

The designated Comprehensive Assessment and Planning provider has assembled this assessment report. This report represents a comprehensive interviewing and assessment of the youth and his/her primary family. This report will identify the reason for this assessment, significant information about the youth and his support system, strengths of the youth and family, needs and recommendations for further assessment and identified treatment focus, and necessary support.

Confidentiality Statement

"This information has been disclosed to you from records whose confidentiality is protected by State law. State law prohibits you from making any further disclosure of the information without the specific written consent of the person to whom it pertains, or as otherwise permitted by law. A general authorization for the release of medical or other information is not sufficient for this purpose."

Child Name:

Caregiver:

Date:

Assessor:

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

The CANS assesses "dimensions" that are either areas of *strengths* or areas of *identified need* for a youth. *Anchors*, standard across these "dimensions," are used to identify the level of each identified need or strength. The anchors are worded in terms of the level of intervention needed, which enables the CANS to provide detailed, relevant and timely information that is instantly available to guide case planning. A rating of a "2" or "3" on a need indicates that this need should be addressed in the *case plan*. When interpreting the CANS results it is important to be familiar with the *anchors*. A score of

- (0) *Indicates there is no reason to believe the rated item requires an action*
- (1) *Indicates a need for watchful waiting, monitoring or possibly preventive action.*
- (2) *Indicates a need for action. Some strategy is needed to address the problem/need.*
- (3) *Indicates a need for immediate and or intensive action.*

Score Legend: 0=no presence, 1- 3 rates severity of dimension

	Yes	No	
Is Youth Expectant or Parenting?			Yes triggers Expectant and Parenting Sub-Module
Is Youth 5 years or younger?			Yes triggers Children Age 5 and Under Sub-Module
Is Youth 16 or older?			Yes triggers Transition to Adulthood Sub-Module

CANS DOMAIN: Exposure to Potentially Traumatic/Adverse Childhood Experiences

CANS DIMENSIONS	0	1	2	3	Score Justification
1.Sexual Abuse					
2.Physical Abuse					
3.Emotional Abuse					
4.Neglect					
5.Medical Trauma					
6.Witness to Family Violence					
7.Community Violence					
8.School Violence					
9.Natural or Man Made Disasters					
10.War/Terrorism Affected					
11.Witness to Criminal Activity					
12. Disruptions in Caregiving/Attachment Losses					

NEEDS/CONCERNS - Exposure to Potentially Traumatic/Adverse Childhood Experiences

RECOMMENDATIONS - Exposure to Potentially Traumatic/Adverse Childhood Experiences:

Child Name:

Caregiver:

Date:

Assessor:

SCORES TRIGGERING ADDITIONAL SCREENING – TRAUMA SYMPTONS:

Scores in a shaded area trigger the completion of the Chadwick Center Checklist. For CAPS assessment this is a Tier I activity.

CANS DOMAIN: Symptoms Resulting from Exposure to Trauma or Other Adverse Childhood Experiences

CANS DIMENSIONS	0	1	2	3	Score Justification
13.Adjustment to Trauma					
14.Traumatic Grief					
15.Re-experiencing					
16. Hyperarousal					
17.Avoidance					
18.Numbing					
19.Dissociation					

NEEDS/CONCERNS – Symptoms Resulting from Exposure to Trauma or Other Adverse Childhood Experiences:

RECOMMENDATIONS – Symptoms Resulting from Exposure to Trauma or Other Adverse Childhood Experiences:

Intensive therapy to address trauma of sexual offenses and traumatic events.

SCORES TRIGGERING ADDITIONAL SCREENING – TRAUMA SYMPTONS:

Scores in a shaded area trigger the completion of the Chadwick Center Checklist. For CAPS assessment this is a Tier I activity.

Score Legend: (strengths are rated in the opposite) 3=absence of strength in this dimension 0- 2= rates level of strength of dimension

CANS DOMAIN: Child Strengths

CANS DIMENSIONS	0	1	2	3	Score Justification
20.Family					
21.Interpersonal					
22.Educational Setting					
23.Coping and Survival Skills					
24.Optimism					
25.Talents/Interests					
26.Spiritual/Religious					
27.Community Life					
28.Relationship Permanence					
29.Resilience					

STRENGTHS – Child Strengths:

TARGETED FOR STRENGTH BUILDING – Child Strengths:

RECOMMENDATIONS – Child Strengths:

CANS DOMAIN: Life Domain Functioning

CANS DIMENSIONS	0	1	2	3	Score Justification
-----------------	---	---	---	---	---------------------

Child Name:

Caregiver:

Date:

Assessor:

30.Family-Biological or Adoptive				
31.Living Situation- Current Living Environment Outside of the Home				
32. Social Functioning				
*33. Developmental/ Intellectual				
*34. Brain Injury				
*35. Substance Exposure				
36.Recreational				
**37.Legal				
38.Medical				
39.Physical				
40. Medication Compliance				
41.Sleep				
42.Sexual Development				
***Does Child Identify as LGBTQ?	N	Y	Quest	
43.Child Involvement With Care				
44.Daily Functioning				
45.Natural Supports				
46.School Behavior				
47.School Achievement				
48.School Attendance				

NEEDS/CONCERNS – Life Domain Functioning:

RECOMMENDATIONS – Life Domain Functioning: Encourage age appropriate social outlets and peer interactions.

SCORES TRIGGERING ADDITIONAL SCREENING – LIFE DOMAIN FUNCTIONING:

- *Scores in a shaded area trigger the completion of ID/DD Sub-Module.
- ** Scores in a shaded area trigger the Juvenile Delinquency Sub-Module
- *** Scores answered “Y” and “Questioning” trigger the GLBTQ Sub-Module.

CANS DOMAIN: Acculturation

CANS DIMENSIONS	0	1	2	3	Score Justification
49.Language					
50.Identity					
51.Culture Stress					

NEEDS/CONCERNS – Acculturation:

RECOMMENDATIONS – Acculturation:

CANS DOMAIN: Child Behavioral/Emotional Needs

Child Name:

Caregiver:

Date:

Assessor:

CANS DIMENSIONS	0	1	2	3	Score Justification
52.Psychosis					
53.Attention /Concentration					
54. Impulsivity					
55.Depression					
56.Anxiety					
57.Oppositional					
**58.Conduct					
***59.Substance Abuse					
60.Attachment Difficulties					
61.Eating Disturbance					
62.Affective and/or Physiological Dysregulation					
63.Somatization					
64.Anger Control					
NEEDS/CONCERNS – Child Behavioral/Emotional Needs:					
RECOMMENDATIONS – Child Behavioral/Emotional Needs:					
SCORES TRIGGERING ADDITIONAL SCREENING – BEHAVIORAL/EMOTIONAL:					
** Scores in a shaded area trigger the Juvenile Delinquency Sub-Module					
*** Scores in shaded area trigger the Substance Abuse Sub-Module					

CANS DOMAIN: Child Risk Behaviors

CANS DIMENSIONS	0	1	2	3	Score Justification
#65.Suicide Risk					
#66. Non-Suicidal Self Injury					
#67.Other Self Harm					
● 68.Exploitation					
69.Danger to Others					
70.Cruelty to Animals					
●● 71.Fire Setting					
●●●72.Sexually Abusive					
●●● 73.Sexualized Behaviors					
74.Bullying					
** 75.Delinquency					
76.Runaway					
77.Intentional Misbehavior					
NEEDS/CONCERNS – Child Risk Behaviors:					
RECOMMENDATIONS – Child Risk Behaviors:					

Child Name:

Caregiver:

Date:

Assessor:

SCORES TRIGGERING ADDITIONAL SCREENING – LIFE DOMAIN FUNCTIONING:

Scores in a shaded area trigger the ASAP or Child Suicide Checklist – May indicate the need for immediate intervention; at a minimum the need for a safety plan should be considered.

- Scores in a shaded area trigger the Commercial Sexual Exploitation Sub-Module
- Scores in a shaded area trigger the completion of Fire Setting Sub-Module.
- Scores in a shaded area trigger the Sexually Abusive Behavior Sub-Module
- ** Scores in a shaded area trigger the Juvenile Delinquency Sub-Module.

CANS DOMAIN: Caregiver Needs & Strengths (Parents, Legal Guardians & prospective adoptive parents)

CANS DIMENSIONS	0	1	2	3	Score Justification
78.Knowledge of Child’s Needs and Service Options					
79.Nutrition Management					
80.Discipline					
81.Learning Environment					
82.Involvement w/Care					
83.Parents/Caregivers Knowledge of Rights & Responsibilities					
84.Financial Status					
85.Organization					
86.Natural Supports					
87.Knowledge of Social Service Options					
88.Residential Stability					
89.Job Functioning					
90.Military Transitions					
91.Partner Relations					
92.Relations w/ Extended Family					
93. Accessibility to Child Care Services					
94.Parent/Caregivers Understanding of Impact of Own Behavior on Children					
95.Empathy w/Children					
96.Ability to Communicate					
97.Family Stress					
98.Physical Health					
99.Mental Health					
100.Substance Use					
101,Developmental					
102.Parent/Caregiver Posttraumatic Reactions					
103.Hygiene & Self Care					

Child Name:

Caregiver:

Date:

Assessor:

104. Independent Living Skills					
105.Recreation					
NEEDS/CONCERNS – Caregiver Needs and Strengths:					
RECOMMENDATIONS – Caregiver Needs and Strengths:					

CANS DOMAIN: Commitment to Permanency Plan – Biological Parent

CANS DIMENSION	0	1	2	3	Score Justification
106. Parent Participation in Planned-Supervised Visitation					
107. Relationship/Contact with Caseworker					
108. Involvement in Treatment					
109. Parent Involvement/Parent Participation					
110. Commitment to Reunification					
111. Responsibility in Maltreatment					
112. Relationship with Abusers					
113. History of Maltreatment of Children					
NEEDS/CONCERNS – Commitment to Permanency Plan Goal – Substitute Caregiver:					
RECOMMENDATIONS – Commitment to Permanency Plan Goal – Substitute Caregiver:					

CANS DOMAIN: Commitment to Permanency Plan Goal – Substitute Caregiver

CANS DIMENSION	0	1	2	3	Score Justification
114. Collaboration with Other Parents/Caregivers					
115. Caregiver Support for Permanency Plan Goal					
116. Inclusion of the Child in the Foster Family					

Child Name:

Caregiver:

Date:

Assessor:

NEEDS/CONCERNS – Commitment to Permanency Plan Goal – Substitute Caregiver:

RECOMMENDATIONS – Commitment to Permanency Plan Goal – Substitute Caregiver:

SUB-MODULES

DIRECTIONS: Complete the following sub-modules as indicated or Triggered

DELINQUENT BEHAVIOR

SUBSTANCE ABUSE

FIRE SETTING

SEXUALLY ABUSIVE BEHAVIOR

INTELLECTUAL AND DEVELOPMENTAL DISABILITIES (ID/DD)

LGBTQ

EXPECTANT AND PARENTING

TRANSITION TO ADULTHOOD

CHILDREN AGE 5 AND UNDER

COMMERCIAL SEXUAL EXPLOITATION MODULE

Child Name:

Caregiver:

Date:

Assessor:

DELINQUENT BEHAVIOR JJ

CANS SUBMODULE: Delinquent Behavior

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Seriousness					
2. History					
3. Delinquent Offenses					
4. Planning					
5. Community Safety					
6. Attitude Toward Compliance					
7. Attitudes Toward Legal Authority					
8. Peer Influence					
9. Parental Influences					
10. Environmental Influences					
11. Attitude Toward Education					
12. Prior School Success					
13. Anticipation of Consequences					

Was the youth arrested or charged under age 16? Yes NO

In the past year has the youth committed acts of delinquency against property? (Circle response) Yes No
If YES, please specify: _____

During the past year has the youth committed acts of delinquency against people? (Circle response) Yes No
If YES, please specify: _____

Has the youth used a weapon in commission of an act of delinquency? (Circle response) Yes No
If YES, please specify: _____

Has the youth committed any acts of delinquency involving illegal substances? (Circle response) Yes No
If YES, please specify: _____

Child Name:

Caregiver:

Date:

Assessor:

NEEDS/CONCERNS – Delinquent Behavior
RECOMMENDATIONS – Delinquent Behavior

SUBSTANCE USE

CANS SUBMODULE: Substance Abuse

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Severity of Use					
2. Duration of Use					
3. Stage of Recovery					
4. Relapse Skills					
5. Peer Influences					
6. Parental Influences					
7. Risky Substance Abuse Behavior					
For CAPS assessment this is a Tier II activity. Scores in the Shaded area trigger the PADDI.					

Specify Substance-related diagnoses: _____

ILLCIT DRUG	Route of Administration	Age at 1 st Use	Regular Use? (circle response)	Past 48 hours? (circle response)
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N
			Y N	Y N

Child Name:

Caregiver:

Date:

Assessor:

NEEDS/CONCERNS – Substance Abuse
RECOMMENDATIONS – Substance Abuse

FIRE SETTING

CANS SUBMODULE: Fire Setting

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Seriousness					
2. History					
3. Planning					
4. Use of Accelerants					
5. Intention to Harm					
6. Parental Influences					
7. Risky Substance Abuse Behavior					
NEEDS/CONCERNS – Fire Setting					
RECOMMENDATIONS – Fire Setting					

SEXUALLY ABUSIVE BEHAVIOR

CANS SUBMODULE: Sexually Abusive Behavior

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Relationship					
2. Physical Force/Threat					

Child Name:

Caregiver:

Date:

Assessor:

3. Planning					
4. Age Differential					
5. Type of Sex Act					
6. Response to Accusation					
7. Temporal Consistency					
8. History of Sexually Abuse Behavior					
9. Severity of Sexual Abuse					
10. Prior Treatment					

NEEDS/CONCERNS – Sexually Abusive Behavior

RECOMMENDATIONS – Sexually Abusive Behavior

For CAPS assessment this is a Tier II activity. Scores in the Shaded area trigger the Children's Sexual Behaviors Screen.

DEVELOPMENTAL/INTELLECTUAL (DI)

CANS SUBMODULE: Developmental/Intellectual (DI)

CANS DIMENSIONS	0	1	2	3	Score Justification
*1. Cognitive					
**2. Developmental					
***3. Autism Spectrum					
*4. Communication					
*5. Self-Care Daily Living Skills					

Child Name:

Caregiver:

Date:

Assessor:

NEEDS/CONCERNS – Developmental/Intellectual (DI)
RECOMMENDATIONS – Developmental/Intellectual (DI)
<p>For CAPS assessment this is a Tier II activity.</p> <p>*Scores in a shaded area trigger the Vineland ABS III or Wechsler (WPPSI IV or WISC IV or WISC V or WAIS IV) or TONI 4 or Woodcock Johnson III or WIAT-III or ABAS-III or The Rancho Los Amigos Levels of Cognitive Functioning.</p> <p>**Scores in a shaded area trigger the Vineland ABS III or Wechsler (WPPSI IV or WISC IV or WISC V or WAIS IV) or TONI 4 or ABAS-III or The Rancho Los Amigos Levels of Cognitive Functioning.</p> <p>***Scores in a shaded area trigger the Vineland ABS III or Wechsler (WPPSI IV or WISC IV or WISC V or WAIS IV) or TONI 4 or ABAS-III or SRS2 or GADS or PIA or GARS3 or ADOS:2</p>

For youth who identify as Lesbian, Gay, Bisexual, Transgender or Questioning (GLBTQ)

CANS SUBMODULE: LGBTQ

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Chosen Family Supports					
2. Other Adult Supports					
3. Peer Connections					
4. Opportunities for Openness					
5. Coming Out					
6. Caregiver Acceptance					
7. Experienced Homonegativity					
8. Internal Homonegativity					
9. Targeted for Sexuality					

Child Name:

Caregiver:

Date:

Assessor:

NEEDS/CONCERNS – LGBTQ
RECOMMENDATIONS – LGBTQ

FOR YOUTH WHO ARE EXPECTANT AND PARENTING

CANS SUBMODULE: Expectant and Parenting

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Hygiene and Self-Care					
2. Routine Medical Care					
3. Labor/Childbirth					
4. Sexual Health					
5. Awareness of Postpartum Stressors					
6. Intimate Relationships					
7. Relationship with other Biological Parent of the Baby					
8. Parenting Skills					
9. Involvement with Care					
10. Problem Solving					
11. Knowledge of Child					
12. Ability to Communicate					
13. Ability to Listen					
14. Understanding of Impact of Own Behavior on Child					

Child Name:

Caregiver:

Date:

Assessor:

15. Stable Living Situation					
16. Environmental Cues					
17. Physical Health					
18. Developmental/Intellectual					
19. Empathy for Child					
20. Access to Healthcare					
21. Family Stress					
22. Safety					
23. Financial Resources					
24. Attachment Difficulties					
25. Knowledge of Social and Emotional Growth Fostering					
26. Responses to Distress					
27. Knowledge of Basic Child Care					
28. Safety of Child					
29. Knowledge of Services Available					
NEEDS/CONCERNS – Parent Needs and Strengths (Youth as Caregiver)					
RECOMMENDATIONS – Parent Needs and Strengths (Youth as Caregiver)					

Child Name:

Caregiver:

Date:

Assessor:

**AGE SPECIFIC MODULE
YOUTH TRANSITIONING TO ADULTHOOD SUB-MODULE (16+)**

CANS SUBMODULE: Youth Transitioning to Adulthood

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Independent Living Skills					
2. Transportation					
3. Parenting Roles					
4. Intimate Relationships					
5. Educational Attainment					
6. Job Functioning					
7. Vocational Strengths					
8. Personality Changes					
9. Knowledge of Community and Informal Resources					
10. Knowledge of Social Service/ Formal Options					
11. Financial Status					
12. Job Functioning					
NEEDS/CONCERNS – Youth Transitioning to Adulthood					
RECOMMENDATIONS – Youth Transitioning to Adulthood					

Child Name:

Caregiver:

Date:

Assessor:

WV OLDER YOUTH CHECKLIST

(Please complete with all youth over the age of 16)

Essential Documents/Activities	Yes	No	In Process	Date of Completion
I have obtained a State Issued Identification Card				
I have obtained a Social Security Card				
I have obtained a certified copy of my birth certificate				
I have obtained a driver's license (if applicable) or I know where to get a study guide and where and how to take a drivers exam.				
I have registered with Selective Service (if a male 18 or older).				
I have completed a credit check prior to turning 18.				
I have applied for disability benefits prior to age 18 (if applicable).				
I have obtained proof of Citizenship (if applicable)				
I have Obtained my education records				
I have obtained my medical records (including immunization record)				
I have applied for and received a Medical Card (if applicable).				
I have obtained religious documents and information (if applicable)				
I have obtained death Certificate(s) (if parent(s) are deceased).				
I have established an individual portfolio that contains medical history (current medical information, identified primary care physician, dentist, optometrist, etc.), family medical history (any information that could be relevant to potential future medical issues) financial information (account numbers, cd maturity dates, W2,s, taxes, receipts, etc.), critical documents, work documents (current resume, employment dates, emergency contacts, etc.) and personal information (passwords, wills, living will, medical power of attorney, social worker name, etc.).				
I have developed a resume (when work experience can be described).				

Child Name:

Caregiver:

Date:

Assessor:

I have a Food Handlers Card				
I have a library card.				
I have a realistic Independent Living Plan that is reviewed by the MDT.				
I have completed the Ansell Casey Life Skills (ACLSA) Assessment within the past year.				
I have completed an Individual Learning Plan based on ACLSA results within last year.				
I have met with a Chafee Specialist and I am aware of all independent living services available to me now and after I turn 18.				
Essential Life Skills/Experiences	Yes	No	In Process	Date of Completion
I am participating in and receiving ongoing life skills instruction.				
I have completed a career interest inventory.				
I can demonstrate basic home repairs and basic safety (overflowing commode, leaky faucet, change light bulb, vacuum canister, filter replacement, fuse box, smoke detector, refrigerator contents, etc.)				
I can demonstrate understanding of basic home and fire safety.				
I can demonstrate that I know how to and can utilize independent kitchen safety, menu planning , and budgeting				
I know where to get tax forms, how to fill them out as well as how to submit them. I fully understand tax filing requirement and where to access free assistance.				
I have prepared a 3 course meal on my own with invited guest (s).				
I have explored, participated and maintained at least 1 hobby that I am likely to continue as an adult.				
I have completed and enrolled (or on a waiting list) for drivers education.				
I Know how to purchase tickets, ride a bus, make exchanges and can navigate public bus transportation independently.				
I Know how to purchase and utilize taxi, air and train transportation independently.				
I have participated in career and educational exploration/counseling.				

Child Name:

Caregiver:

Date:

Assessor:

I have established a checking or savings account.				
I have established a safety deposit box.				
I am employed or have work experience.				
I am currently volunteering or have volunteer experience.				
I have 3 non-parent adults to provide support.				
Expectant/Parenting	Yes	No	In Process	Date of Completion
I am a parent of a wonderful child (children).				
I have an official birth certificate for my child				
I have a Social Security card for my child				
I have immunization/medical records for my child				
I have the name/address of physicians and hospitals utilized since birth				
I have obtained pediatric services or have a list of resources				
I have linked with childcare services or have a list of resources				
I have contacted an area agency for Title XX support for				
Childcare (if applicable).				

**AGE SPECIFIC MODULE
CHILDREN 0-5 YEARS OLD SUB-MODULE**

CANS SUBMODULE: Children 0-5 Years

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Motor					
2. Sensory					
3. Communication					
4. Failure to Thrive					
5. Feeding/Elimination					
6. Birth Weight					
7. Prenatal Care					

Child Name:

Caregiver:

Date:

Assessor:

8. Labor and Delivery					
9. Parenting or Sibling Problems					
10. Maternal/Caretaker Availability					
11. Curiosity					
12. Playfulness					
13. Temperament					
14. Daycare/Prechool					
NEEDS/CONCERNS – Child 0-5 Years					
RECOMMENDATIONS – Child 0-5 Years					

COMMERCIAL SEXUAL EXPLOITATION MODULE

CANS SUBMODULE: Commercial Sexual Exploitation

CANS DIMENSIONS	0	1	2	3	Score Justification
1. Duration of Exploitation					
2. Perception of Dangerousness					
3. Knowledge of Exploitation					
4. Stockholm Syndrome					
5. Unprotected Intercourse					
6. Arrests for Loitering					
7. Other Arrests					

Child Name:

Caregiver:

Date:

Assessor:

8. Sexually Transmitted Disease					
9. Safety					
NEEDS/CONCERNS – Commercial Sexual Exploitation					
RECOMMENDATIONS – Commercial Sexual Exploitation					