

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS
(CANS)**

COMPREHENSIVE MULTISYSTEM ASSESSMENT

Oneida County, New York

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CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Personal Information PLEASE PRINT CLEARLY			
Last Name: _____	First Name: _____	MI: _____	
DOB: _____	Age: _____	Gender: _____	SSN: _____

Address/Living Situation			
Street _____	County of Residence _____		
City/Town _____	State _____	Zip _____	
Living Status: (check one)			
<input type="checkbox"/> Independent Living	<input type="checkbox"/> Family Based Treatment		
<input type="checkbox"/> Lives with Other Relatives	<input type="checkbox"/> Therapeutic Foster Care		
<input type="checkbox"/> Two Parent Family	<input type="checkbox"/> Crisis Residence		
<input type="checkbox"/> One Parent Family	<input type="checkbox"/> Shelter For Homeless		
<input type="checkbox"/> Two Parent Adoptive Family	<input type="checkbox"/> Residential School		
<input type="checkbox"/> One Parent Adoptive Family	<input type="checkbox"/> Residential Treatment Center		
<input type="checkbox"/> Relative's Family	<input type="checkbox"/> Residential Treatment Facility		
<input type="checkbox"/> DSS Family Foster Care	<input type="checkbox"/> Psychiatric Inpatient Care		
<input type="checkbox"/> OCFS Group Home	<input type="checkbox"/> OCFS Facility		
<input type="checkbox"/> Teaching Family Home	<input type="checkbox"/> Homeless (streets)		
<input type="checkbox"/> DSS Group Home	<input type="checkbox"/> Jail		
<input type="checkbox"/> Other	<input type="checkbox"/> Unknown		

Request Origin Information		Date of Request: _____
Request Origin		
<input type="checkbox"/> Self	<input type="checkbox"/> Case manager	
<input type="checkbox"/> Family, legal guardian or friend	<input type="checkbox"/> MRDD	
<input type="checkbox"/> Any residential program	<input type="checkbox"/> Outpatient clinic, or day treatment program	
<input type="checkbox"/> Any shelter, respite, crisis	<input type="checkbox"/> School or educational setting	
<input type="checkbox"/> Child/Foster care	<input type="checkbox"/> Juvenile justice system	
<input type="checkbox"/> DSS	<input type="checkbox"/> Homeless outreach program, or drop in center	
<input type="checkbox"/> Hospital (Area 31, general, state – specify)	<input type="checkbox"/> Other	
<input type="checkbox"/> Emergency room	<input type="checkbox"/> Update on previous request	
Services Requested (check all that apply)		
<input type="checkbox"/> Counseling	<input type="checkbox"/> Day Care	
<input type="checkbox"/> Parent Aide/Parenting Classes	<input type="checkbox"/> SPFY	
<input type="checkbox"/> Nurturing Program	<input type="checkbox"/> Intensive Case Manager	
<input type="checkbox"/> Substance Abuse Service	<input type="checkbox"/> Families Foremost	
<input type="checkbox"/> Domestic Violence Services	<input type="checkbox"/> Kid's Oneida	
<input type="checkbox"/> Other		
Committee Information		
Assessed for which committee:	<input type="checkbox"/> Tier 1	<input type="checkbox"/> CAP
	<input type="checkbox"/> Family Court	<input type="checkbox"/> Update Assessment
		<input type="checkbox"/> DSS Placement Committee
		<input type="checkbox"/> Other _____

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Child Status	
<i>Current Criminal Justice Status (please select only one)</i>	
<input type="checkbox"/> NONE <input type="checkbox"/> PINS <input type="checkbox"/> PINS Diversion <input type="checkbox"/> Juvenile Delinquent *	<input type="checkbox"/> Restricted Juvenile Delinquent <input type="checkbox"/> Juvenile Offender * <input type="checkbox"/> Youthful Offender * <input type="checkbox"/> Family Court
<i>Custody Status</i>	
<input type="checkbox"/> Biological Parents <input type="checkbox"/> Adoptive Parents <input type="checkbox"/> Other Family or Legal Guardian <input type="checkbox"/> Local DSS	<input type="checkbox"/> OCFS Facility <input type="checkbox"/> Quasi-Homeless <input type="checkbox"/> Other
Legal Guardian Name: _____ Phone Number : _____	
Legal Guardian Address: _____ <input type="checkbox"/> Same as client's	

Income Sources					
<i>Child Income Sources</i>	Current	Pending	Eligible	Ineligible	Unknown
<i>SSI/SSDI</i>					
General Public Assistance					
Medicare / Medicaid					
Private Insurance / Third Party Payor					
Trust Fund					
Medication Grant					
Other – Specify:					
Parent/Guardian Income Sources	Current	Pending	Eligible	Ineligible	Unknown
Social Security					
Food Stamps					
Veterans Benefits					
Pension					
Workers Comp					
Wages/Earned Income					
Unemployment Benefits					

* *Juvenile Delinquent* - Youth under the age of 16 and over the age of 7 who commits an act, which committed by an adult would constitute a crime, misdemeanor or felony. Family court has sole jurisdiction.

* *Designated Felon* – Is a very serious act committed by 13, 14, and 15 year old youth that would constitute a felony is committed by an adult. These are generally 1st and 2nd degree felonies such as murder, manslaughter, rape, arson, sex abuse, robbery, assault etc. Original Family Court jurisdiction was changed to adult criminal court as a result of the court decision in the matter of Raymond G. - 93 N.Y. 2nd 531 (June 1999). These youths are now charged as adults in criminal court.

* *Juvenile Offender* - is a very serious act committed by 14 and 15 old youth that would constitute a felony if committed by an adult. Same charges as Designated Felony, but usually more serious injury, stronger case etc. Adult Criminal Court has original jurisdiction. Conviction of a Juvenile Offense can carry a State Prison sentence of up to 13 years.

* *Youthful Offender* - Applies to young adults between the age of 16 and 19 whose convictions are replaced in criminal court with Youthful Offender Status, which seals the record from public information. This status is generally offered to any first time adult offender, misdemeanor and felons. Adult City, Justice & County Courts have sole jurisdiction. Generally, adjudicated Designated Felons and Juvenile Offenders are given Youthful Offender status at time of sentencing in criminal court.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Education Information			
Name of Current School: _____	(specify last school attended, if summer recess)		
Home School District: _____			
<i>Present Educational Placement (check all that apply)</i>			
<input type="checkbox"/> Regular class in age appropriate grade <input type="checkbox"/> Regular class, but at least one class behind <input type="checkbox"/> Special school for students w/handicap condition <input type="checkbox"/> Residential school for edu/emotionally handicapped <input type="checkbox"/> Full-time vocational training only <input type="checkbox"/> Part-time vocational/educational	<input type="checkbox"/> Not enrolled in school <input type="checkbox"/> HS / GED graduate <input type="checkbox"/> GED Program <input type="checkbox"/> Home Instruction <input type="checkbox"/> 3-5 tutoring program <input type="checkbox"/> Special Education Program (specify type below)		
<i>Special Education Programs</i>			
<input type="checkbox"/> 12:1:1 (Sauquoit) <input type="checkbox"/> 12:1:1 (New Hartford) <input type="checkbox"/> 12:1:1 (Westmoreland) <input type="checkbox"/> 12:1:3 (Westmoreland) <input type="checkbox"/> 12:1:1 (Waterville) <input type="checkbox"/> Intense Mgmt Needs 8:1:1 (VVS, Willard prior) <input type="checkbox"/> Pinefield Day Treatment 8:1:1 (New Hartford BOCES)	<input type="checkbox"/> Pinefield Day Treatment 8:1:1 (Verona BOCES) <input type="checkbox"/> Tilton School 6:1:1 (HGS) <input type="checkbox"/> Autism Program 6:1:1 (VVS) <input type="checkbox"/> Tradewinds (UCP) <input type="checkbox"/> Alternative Education (Verona) <input type="checkbox"/> Alternative Education (Lincoln Academy) <input type="checkbox"/> Alternative Education (James St. Academy)		
<i>Current Educational Activity (check all that apply)</i>			
<input type="checkbox"/> Currently enrolled <input type="checkbox"/> Expelled	<input type="checkbox"/> Truant <input type="checkbox"/> Suspended (specify days # _____)		
<i>Current Grade Level</i>			
<input type="checkbox"/> Preschool - kindergarten <input type="checkbox"/> Specific Grade Level – Specify Grade _____ <input type="checkbox"/> Ungraded - Elementary <input type="checkbox"/> Ungraded - Middle School <input type="checkbox"/> Ungraded - High School	<input type="checkbox"/> College <input type="checkbox"/> Graduate <input type="checkbox"/> Post Graduate <input type="checkbox"/> Unknown		
<i>IQ</i>			
Verbal _____	Performance _____	Final Score _____	Test Date _____

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Clinical - Medical					
Psychiatric Diagnosis					
AXIS	Select	Code	Description	PRI	SEC
I	<input type="checkbox"/>	314.9	Attention Deficit Hyperactivity Disorder, NOS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	313.81	Oppositional Defiant Disorder	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	312.81	Conduct Disorder, Childhood Onset	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	311	Depressive Disorder, NOS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	296.8	Bipolar Disorder, NOS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	296.9	Mood Disorder, NOS	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	300.02	General Anxiety Disorder	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	309.9	Adjustment Disorder, Unspecified	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
AXIS	Specify Code and/or Description				
II	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				
III	<hr/> <hr/> <hr/> <hr/> <hr/> <hr/>				

Psychiatric Medication <i>(list names and dosages and specify medication type with the name)</i>	
<input type="checkbox"/> None Medication Name / Dosage <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<input type="checkbox"/> Unknown Select Medication Type <input type="checkbox"/> Anorexiant/ Stimulant <input type="checkbox"/> Anti-depressant <input type="checkbox"/> Anti-psychotic <input type="checkbox"/> Anorexiant/ Stimulant <input type="checkbox"/> Anti-depressant <input type="checkbox"/> Anti-psychotic <input type="checkbox"/> Anorexiant/ Stimulant <input type="checkbox"/> Anti-depressant <input type="checkbox"/> Anti-psychotic <input type="checkbox"/> Anorexiant/ Stimulant <input type="checkbox"/> Anti-depressant <input type="checkbox"/> Anti-psychotic <input type="checkbox"/> Anorexiant/ Stimulant <input type="checkbox"/> Anti-depressant <input type="checkbox"/> Anti-psychotic <input type="checkbox"/> Anorexiant/ Stimulant <input type="checkbox"/> Anti-depressant <input type="checkbox"/> Anti-psychotic
Functional Medical Problems <i>(check all that apply)</i>	
<input type="checkbox"/> None <input type="checkbox"/> Visually Impaired <input type="checkbox"/> Speech Impairment <input type="checkbox"/> Hearing Impairment <input type="checkbox"/> Impaired Ability to Walk <input type="checkbox"/> Asthma	<input type="checkbox"/> Incontinent/ Toileting <input type="checkbox"/> Requires Special Medical Equipment <input type="checkbox"/> Development Delays <input type="checkbox"/> Learning Disability <input type="checkbox"/> Other Medical Problems/Conditions

Utilization of High Intensity Services	
Number of Psychiatric Hospitalization in past 12 months	_____
Number of Psychiatric ER visits/Crisis Team visits in past 12 months	_____
Number of out-of-home placements in past 12 months	_____
Involvement with Child Protection	_____

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Substance Abuse History	
<i>Drug of Choice</i>	
<input type="checkbox"/> None <input type="checkbox"/> Cocaine <input type="checkbox"/> Amphetamine <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Crack <input type="checkbox"/> PCP <input type="checkbox"/> Inhalant (sniffing glue, other household product) <input type="checkbox"/> Other	<input type="checkbox"/> Marijuana/Cannabis <input type="checkbox"/> Hallucinogens <input type="checkbox"/> Benzodiazepines <input type="checkbox"/> Any IV Drug Use <input type="checkbox"/> Alcohol <input type="checkbox"/> Heroin/Opiates <input type="checkbox"/> Sedatives/Hypnotic
<i>Use Frequency</i>	
<input type="checkbox"/> Not in the last month <input type="checkbox"/> Daily <input type="checkbox"/> 1-2 times per week	<input type="checkbox"/> 3-6 times per week <input type="checkbox"/> 1-3 times in the last month
<i>Chemical Dependency Treatment</i>	
<input type="checkbox"/> Yes (Specify: Inpatient Outpatient) <input type="checkbox"/> No	

Safety Concerns			
	<u>YES</u>	NO	Date(s)
Violence To Self – Suicidal Ideation			
Suicidal Attempts			
Violence to Others			
Victim of Physical Abuse			
<i>Victim of Sexual Abuse</i>			
<i>Sexually Aggressive</i>			
Fire Setting			
Destruction of Property			
Domestic Violence (between caregivers/parents)			
Child has access to firearms at home			
History of Homelessness			
History of Run-Away			

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

DIRECTIONS: Circle the appropriate rating that best describes the child and family. Please note the importance of including input from, family, child and any human/social service providers working with the child/family. In the comment section be sure to justify all “2” & “3” ratings with factual information necessary to complete the assessment.

LIFE DOMAIN FUNCTIONING MODULE	
Circle	FAMILY Please rate the highest level from the <i>past 30 days</i>
0	Child is doing well in relationships with family members.
1	Child is doing adequately in relationships with family members although some problems may exist. For example, some family members may have some problems in their relationships with child.
2	Child is having moderate problems with parents, siblings and/or other family members. Frequent arguing, difficulties in maintaining any positive relationship may be observed.
3	Child is having severe problems with parents, siblings, and/or other family members. This would include problems of domestic violence, constant arguing, etc.
U	Unknown

Circle	LIVING SITUATION Please rate the highest level from the <i>past 30 days</i>
0	No evidence of problem with functioning in current living environment.
1	Mild problems with functioning in current living situation. Caregivers concerned about child's behavior in living situation.
2	Moderate to severe problems with functioning in current living situation. Child has difficulties maintaining his/her behavior in this setting creating significant problems for others in the residence.
3	Profound problems with functioning in current living situation. Child is at immediate risk of being removed from living situation due to his/her behaviors.
U	Unknown

Circle	RECREATIONAL Please rate the highest level from the <i>past 30 days</i>
0	Child has and enjoys positive recreation activities on an ongoing basis.
1	Child is doing adequately with recreational activities although some problems may exist.
2	Child is having moderate problems with recreational activities. Child may experience some problems with effective use of leisure time.
3	Child has no access to or interest in recreational activities. Child has significant difficulties making use of leisure time.
U	Unknown

Circle	DEVELOPMENTAL Please rate the highest level from the <i>past 30 days</i>
0	Child's development appears within normal range. There is no reason to believe that the child has any developmental problems.
1	Evidence of a mild developmental delay.
2	Evidence of a pervasive developmental disorder including Autism, Tourette's, Down's Syndrome or other significant developmental delay.
3	Severe developmental disorder.
U	Unknown

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Circle	SELF-CARE DAILY LIVING SKILLS <i>Please rate the highest level from the past 30 days</i>
0	Child's self-care and daily living skills appear developmentally appropriate. There is no reason to believe that the child has any problems performing daily living skills.
1	Child requires verbal prompting on self-care tasks or daily living skills.
2	Child requires assistance (physical prompting) on self-care tasks or attendant care on one self-care task (e.g. eating, bathing, dressing, and toileting).
3	Child requires attendant care on more than one of the self-care tasks-eating, bathing, dressing, toileting.
U	Unknown

Circle	VOCATIONAL <i>Please rate the highest level from the past 30 days</i>
0	Child has a job or a clear vocational plan that has been implemented.
1	Child has vocational or prevocational skills and interests.
2	Child has significant problems with his/her development of vocational or prevocational skills.
3	Child has no known vocational interests or skills.
U	Unknown

Circle	MEDICAL <i>Please rate the highest level from the past 30 days</i>
0	Child is healthy.
1	Child has some medical problems that require medical treatment.
2	Child has chronic illness that requires ongoing medical intervention.
3	Child has life threatening illness or medical condition.
U	Unknown

Circle	PHYSICAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no physical limitations.
1	Child has some physical condition that places mild limitations on activities. Conditions such as impaired hearing or vision would be rated here. Rate here, treatable medical conditions that result in physical limitations (e.g. asthma).
2	Child has physical condition that notably impacts activities. Sensory disorders such as blindness, deafness, or significant motor difficulties would be rated here.
3	Child has severe physical limitations due to multiple physical conditions.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module	

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

CAREGIVER STRENGTHS MODULE	
Circle	SUPERVISION <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has good monitoring and discipline skills.
1	Caregiver provides generally adequate supervision. May need occasional help or technical assistance.
2	Caregiver reports difficulties monitoring and/or disciplining child. Caregiver needs assistance to improve supervision skills.
3	Caregiver is unable to monitor or discipline the child. Caregiver requires immediate and continuing assistance. Child is at risk of harm due to absence of supervision.
U	Unknown

Circle	SOCIAL RESOURCES <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has significant family and friend social network that actively helps with raising the child (e.g., child rearing).
1	Caregiver has some family or friend social network that actively help with raising the child (e.g. child rearing).
2	Caregiver has some family or friend social network that may be able to help with raising the child (e.g., child rearing).
3	Caregiver no family or social network that may be able to help with raising the child (e.g. child rearing).
U	Unknown

Circle	RESIDENTIAL STABILITY <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has stable housing for the foreseeable future.
1	Caregiver has relatively stable housing but either has moved in the past three months or there are indications of housing problems that might force them to move in the next three months.
2	Caregiver has moved multiple times in the past year. Housing is unstable.
3	Caregiver has experienced periods of homelessness in the past six months.
U	Unknown

Circle	INVOLVEMENT <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is able to act as an effective advocate for child.
1	Caregiver has history of seeking help for their children. Caregiver is open to receiving support, education, and information.
2	Caregiver does not wish to participate in services and/or interventions intended to assist their child.
3	Caregiver wishes for child to be removed from their care.
U	Unknown

Circle	KNOWLEDGE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is knowledgeable about the child's needs and strengths.
1	Caregiver is generally knowledgeable about the child but may require additional information to improve their capacity of parent.
2	Caregiver has clear need for information to improve how knowledgeable they are about the child. Current lack of information is interfering with their ability to parent.
3	Caregiver has knowledge problems that place the child at risk of significant negative outcomes.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

CAREGIVER NEEDS MODULE

Circle	PHYSICAL <i>Please rate the highest level from the past 30 days</i>
0	Caregiver is generally healthy.
1	Caregiver is in recovery from medical/physical problems.
2	Caregiver has medical/physical problems that interfere with their capacity to parent.
3	Caregiver has medical/physical problems that make it impossible for them to parent at this time.
U	Unknown

Circle	MENTAL HEALTH <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no mental health needs.
1	Caregiver is in recovery from mental health difficulties.
2	Caregiver has some mental health difficulties that interfere with their capacity to parent.
3	Caregiver has mental health use difficulties that make it impossible for them to parent at this time.
U	Unknown

Circle	SUBSTANCE USE <i>Please rate the highest level from the past 30 days</i>
0	Caregiver has no substance use needs.
1	Caregiver is in recovery from substance use difficulties.
2	Caregiver has some substance use difficulties that interfere with their capacity to parent.
3	Caregiver has substance use difficulties that make it impossible for them to parent at this time.
U	Unknown

Circle	SAFETY <i>Please rate the highest level from the past 30 days</i>
0	Household is safe and secure. Child is at no risk from others.
1	Household is safe but concerns exist about the safety of the child in his/her neighborhood.
2	Child is in some danger from one or more individuals with access to the household.
3	Child is in immediate danger from one or more individuals with unsupervised access.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

ACCULTURATION

Circle	LANGUAGE <i>This item includes both spoken and sign language.</i>
0	Child and family speak English well.
1	Child and family speak some English but potential communication problems exist due to limits on vocabulary or understanding of the nuances of the language.
2	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention but qualified individual can be identified within natural supports.
3	Child and/or significant family members do not speak English. Translator or native language speaker is needed for successful intervention and no such individual is available from among natural supports.
U	Unknown

Circle	IDENTITY <i>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.</i>
0	Child has clear and consistent cultural identity and is connected to others who share his/her cultural identity.
1	Child is experiencing some confusion or concern regarding cultural identity.
2	Child has significant struggles with his/her own cultural identity. Child may have cultural identity but is not connected with others who share this culture.
3	Child has no cultural identity or is experiencing significant problems due to conflict regarding his/her cultural identity.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module

CHILD STRENGTHS MODULE

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Circle	INTERPERSONAL <i>Please rate the highest level from the past 30 days</i>
0	Child has well-developed interpersonal skills and friends.
1	Child has good interpersonal skills and has shown the ability to develop healthy friendships.
2	Child needs assistance in developing good interpersonal skills and/or healthy friendships.
3	Child needs significant help in developing interpersonal skills and healthy friendships.
U	Unknown

Circle	OPTIMISM <i>Please rate the highest level from the past 30 days</i>
0	Child has a strong and stable optimistic outlook on his/her life.
1	Child is generally optimistic.
2	Child has difficulties maintaining a positive view of him/herself and his/her life. Child may vary from overly optimistic to overly pessimistic.
3	Child has difficulties seeing <i>any</i> positives about him/herself or his/her life.
U	Unknown

Circle	TALENTS/INTEREST <i>Please rate the highest level from the past 30 days</i>
0	Child has a talent that provides him/her with pleasure and/or self esteem.
1	Child has a talent, interest, or hobby with the potential to provide him/her with pleasure and self esteem.
2	Child has identified interests but needs assistance converting those interests into a talent or hobby.
3	Child has no identified talents, interests or hobbies.
U	Unknown

Circle	SPIRITUAL/RELIGIOUS <i>Please rate the highest level from the past 30 days</i>
0	Child receives comfort and support from religious and/or spiritual beliefs and practices.
1	Child is involved in a religious community whose members provide support.
2	Child has expressed some interest in religious or spiritual belief and practices.
3	Child has no identified religious or spiritual beliefs nor interest in these pursuits.
U	Unknown

Circle	RELATIONSHIP PERMANENCE <i>This rating refers to the stability of significant relationships in the child or youth's life. This likely includes family members but may also include other individuals.</i>
0	This level indicates a child who has very stable relationships. Family members, friends, and community have been stable for most of his/her life and are likely to remain so in the foreseeable future. Child is involved with both parents.
1	This level indicates a child who has had stable relationships but there is some concern about instability in the near future (one year) due to transitions, illness, or age. A stable relationship with only one parent may be rated here.
2	This level indicates a child who has had at least one stable relationship over his/her lifetime but has experienced other instability through factors such as divorce, moving, removal from home, and death.
3	This level indicates a child who does not have any stability in relationships. Independent living or adoption must be considered.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module	

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

CHILD BEHAVIORAL/EMOTIONAL NEEDS MODULE	
Circle	PSYCHOSIS <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
2	Clear evidence of hallucinations, delusions or bizarre behavior that might be associated with some form of psychotic disorder.
3	Clear evidence of dangerous hallucinations, delusions, or bizarre behavior that might be associated with some form of psychotic disorder which places the child or others at risk of physical harm.
U	Unknown

Circle	IMPULSIVITY/HYPERACTIVITY <i>Please rate based on the past 30 days</i>
0	No evidence
1	Some problems with impulsive, distractible or hyperactive behavior that places the child at risk of future functioning difficulties.
2	Clear evidence of problems with impulsive, distractible, or hyperactive behavior that interferes with the child's ability to function in at least one life domain.
3	Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.
U	Unknown

Circle	DEPRESSION <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of depression or mild to moderate depression associated with a recent negative life event with minimal impact on life domain functioning.
2	Clear evidence of depression associated with either depressed mood or significant irritability. Depression has interfered significantly in child's ability to function in at least one life domain.
3	Clear evidence of disabling level of depression that makes it virtually impossible for the child to function in any life domain.
U	Unknown

Circle	ANXIETY <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event.
2	Clear evidence of anxiety associated with either anxious mood or significant fearfulness. Anxiety has interfered significantly in child's ability to function in at least one life domain.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

3	Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any life domain.
U	Unknown

Circle	OPPOSITIONAL <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or recent onset (past 6 weeks) of defiance towards authority figures.
2	Clear evidence of oppositional and/or defiant behavior towards authority figures, which is currently interfering with the child's functioning in at least one life domain. Behavior causes emotional harm to others.
3	Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.
U	Unknown

Circle	ANGER CONTROL <i>Please rate based on the past 30 days</i>
0	No evidence of any significant anger control problems.
1	Some problems with controlling anger. Child may sometimes become verbally aggressive when frustrated. Peers and family may be aware of and may attempt to avoid stimulating angry outbursts.
2	Moderate anger control problems. Child's temper has gotten him/her in significant trouble with peers, family and/or school. Anger may be associated with physical violence. Others are likely quite aware of anger potential.
3	Severe anger control problems. Child's temper is likely associated with frequent fighting that is often physical. Others likely fear him/her.
U	Unknown

Circle	CONDUCT <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of problems associated with antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property or animals.
2	Clear evidence of antisocial behavior including but not limited to lying, stealing, manipulating others, sexual aggression, violence towards people, property, or animals.
3	Evidence of a severe level of conduct problems as described above that places the child or community at significant risk of physical harm due to these behaviors.
U	Unknown

Circle	ATTACHMENT <i>Please rate the highest level from the past 30 days</i>
0	No evidence of attachment problems. Parent-child relationship is characterized by satisfaction of needs, child's development of a sense of security and trust.
1	Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment.
2	Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for an Attachment Disorder in DSM-IV would be rated here.
3	Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers would be rated here.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module	

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TRAUMA MODULE	
Circle	ADJUSTMENT TO TRAUMA <i>Please rate based on the past 30 days</i>
0	No evidence
1	History or suspicion of problems associated with traumatic life event/s.
2	Clear evidence of adjustment problems associated with traumatic life event/s. Adjustment is interfering with child's functioning in at least one life domain.
3	Clear evidence of symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.
U	Unknown

Circle	SEXUAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced sexual abuse.
1	Child has experienced one episode of sexual abuse or there is a suspicion that child has experienced sexual abuse but no confirming evidence.
2	Child has experienced repeated sexual abuse.
3	Child has experienced severe and repeated sexual abuse. Sexual abuse may have caused physical harm.
U	Unknown

Circle	PHYSICAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced physical abuse.
1	Child has experienced one episode of physical abuse or there is a suspicion that child has experienced physical abuse but no confirming evidence.
2	Child has experienced repeated physical abuse.
3	Child has experienced severe and repeated physical abuse that causes sufficient physical harm to necessitate hospital treatment.
U	Unknown

Circle	EMOTIONAL ABUSE <i>Please rate within the lifetime</i>
0	There is no evidence that child has experienced emotional abuse.
1	Child has experienced mild emotional abuse.
2	Child has experienced emotional abuse over an extended period of time (at least one year).
3	Child has experienced severe and repeated emotional abuse over an extended period of time (at least one year).
U	Unknown

Circle	WITNESS TO FAMILY VIOLENCE <i>Please rate within the lifetime</i>
0	There is no evidence that child has witnessed family violence.
1	Child has witnessed one episode of family violence.
2	Child has witnessed repeated episodes of family violence but no significant injuries (i.e.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

	requiring emergency medical attention) have been witnessed.
3	Child has witnessed repeated and severe episodes of family violence. Significant injuries have occurred as a direct result of the violence.
U	Unknown

Circle	TIME BEFORE TREATMENT
0	Trauma was recognized and treatment started within one month of initial experience.
1	Trauma was recognized and treatment started within one to six months of initial experience.
2	Trauma was recognized and treatment started within six months to one year of the initial experience.
3	Trauma was not recognized nor treated for more than one year after the initial experience.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module	

CHILD RISK BEHAVIORS MODULE	
Circle	SUICIDE RISK <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History but no recent ideation or gesture.
2	Recent ideation or gesture but not in past 24 hours.
3	Current ideation and intent OR command hallucinations that involve self-harm.
U	Unknown

Circle	SELF-MUTILATION <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of self-mutilation.
2	Engaged in self mutilation that does not require medical attention.
3	Engaged in self mutilation that requires medical attention.
U	Unknown

Circle	OTHER SELF HARM <i>Please rate the highest level from the past 30 days</i>
0	No evidence of behaviors other than suicide or self-mutilation that place the child at risk of physical harm.
1	History of behavior other than suicide or self-mutilation that places child at risk of physical harm. This includes reckless and risk-taking behavior that may endanger the child.
2	Engaged in behavior other than suicide or self-mutilation that places him/her in danger of physical harm. This includes reckless behavior or intentional risk-taking behavior.

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3	Engaged in behavior other than suicide or self-mutilation that places him/her at immediate risk of death. This includes reckless behavior or intentional risk-taking behavior.
U	Unknown

Circle	DANGER TO OTHERS <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm.
2	Recent homicidal ideation, physically harmful aggression, or dangerous fire setting but not in past 24 hours.
3	Acute homicidal ideation with a plan or physically harmful aggression OR command hallucinations that involve the harm of others. Or, child set a fire that placed others at significant risk of harm.
U	Unknown

Circle	RUNAWAY <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of runaway from home or other settings involving at least one overnight absence, at least 30 days ago.
2	Recent runaway behavior or ideation but not in past 7 days.
3	Acute threat to runaway as manifest by either recent attempts OR significant ideation about running away OR child is currently a runaway.
U	Unknown

Circle	FIRE SETTING <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History of fire setting but not in the past six months.
2	Recent fire setting behavior (in past six months) but not of the type that has endangered the lives of others OR repeated fire-setting behavior over a period of at least two years even if not in the past six months.
3	Acute threat of fire setting. Set fire that endangered the lives of others (e.g. attempting to burn down a house).
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module	

EDUCATIONAL MODULE	
Circle	SCHOOL BEHAVIOR <i>Please rate the highest level from the past 30 days</i>
0	Child is behaving well in school.
1	Child is behaving adequately in school although some behavior problems exist.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

2	Child is having moderate behavioral problems at school. He/she is disruptive and may have received sanctions including suspensions.
3	Child is having severe problems with behavior in school. He/she is frequently or severely disruptive. School placement may be in jeopardy due to behavior.
U	Unknown

Circle	SCHOOL ACHIEVEMENT <i>Please rate the highest level from the past 30 days</i>
0	Child is doing well in school.
1	Child is doing adequately in school although some problems with achievement exist.
2	Child is having moderate problems with school achievement. He/she may be failing some subjects.
3	Child is having severe achievement problems. He/she may be failing most subjects or more than one year behind same age peers in school achievement.
U	Unknown

Circle	SCHOOL ATTENDANCE <i>Please rate the highest level from the past 30 days</i>
0	Child attends school regularly.
1	Child has some problems attending school but generally goes to school. May miss up to one day per week on average OR may have had moderate to severe problem in the past six months but has been attending school regularly in the past month.
2	Child is having problems with school attendance. He/she is missing at least two days each week on average.
3	Child is generally truant or refusing to go to school.
U	Unknown

Circle	SCHOOL PARTICIPATION <i>Please rate the highest level from the past 30 days</i>
0	School works closely with child and family to identify and successfully address child's educational needs OR child excels in school.
1	School works with child and family to identify and address child's educational needs OR child likes school.
2	School currently unable to adequately address child's needs.
3	School unable to work to identify and address child's needs.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module

SUBSTANCE USE MODULE	
Circle	SUBSTANCE USE <i>Please rate the highest level from the past 30 days</i>
0	No evidence
1	History or suspicion of substance use.
2	Clear evidence of substance abuse that interferes with functioning in any life domain.

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

3	Child requires detoxification OR is addicted to alcohol and/or drugs. Include here a child/youth who is intoxicated at the time of the assessment (i.e., currently under the influence).
U	Unknown

Circle	SEVERITY OF USE <i>Please rate the highest level from the past 30 days</i>
0	Child is currently abstinent and has maintained abstinence for at least six months.
1	Child is currently abstinent but only in the past 30 days or child has been abstinent for more than 30 days but is living in an environment that makes substance use difficult.
2	Child actively uses alcohol or drugs but not daily.
3	Child uses alcohol and/or drugs on a daily basis.
U	Unknown

Circle	DURATION OF USE <i>Please rate the highest level from the past 30 days</i>
0	Child has begun use in the past year.
1	Child has been using alcohol or drugs for at least one year but has had periods of at least 30 days where he/she did not have any use.
2	Child has been using alcohol or drugs for at least one year (but less than five years), but not daily.
3	Child has been using alcohol or drugs daily for more than the past year or intermittently for at least five years.
U	Unknown

Circle	PARENTAL INFLUENCES <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that youth's parents have ever engaged in substance abuse.
1	One of youth's parents has history of substance abuse but not in the past year.
2	One or both of youth's parents have been intoxicated with alcohol or drugs in the presence of the youth.
3	One or both of youth's parents use alcohol or drugs with the youth.
U	Unknown

Circle	ENVIRONMENTAL INFLUENCES <i>Please rate the environment around the youth's living situation</i>
0	No evidence that the child's environment stimulates or exposes the child to any alcohol or drug use.
1	Mild problems in the child's environment that might expose the child to alcohol or drug use.
2	Moderate problems in the child's environment that clearly expose the child to alcohol or drug use.
3	Severe problems in the child's environment that stimulate the child to engage in alcohol or drug.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module

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JUVENILE JUSTICE MODULE

Circle	LEGAL <i>Please rate the highest level from the past 30 days</i>
0	Child has no known legal difficulties.
1	Child has a history of legal problems but currently is not involved with the legal system.
2	Child has some legal problems and is currently involved in the legal system.
3	Child has serious current or pending legal difficulties that place him/her at risk for a court ordered out of home placement.
U	Unknown

Circle	SERIOUSNESS <i>Please rate the highest level from the past 30 days</i>
0	Youth has engaged only in status violations (e.g. curfew).
1	Youth has engaged in delinquent behavior.
2	Youth has engaged in criminal behavior.
3	Youth has engaged in delinquent criminal behavior that places other citizens at risk of significant physical harm.
U	Unknown

Circle	HISTORY <i>Please rate using time frames provided in the anchors</i>
0	Current criminal behavior is the first known occurrence.
1	Youth has engaged in multiple delinquent acts in the past one year.
2	Youth has engaged in multiple delinquent acts for more than one year but has had periods of at least 3 months where he/she did not engage in delinquent behavior.
3	Youth has engaged in multiple criminal or delinquent acts for more than one year without any period of at least 3 months where he/she did not engage in criminal or delinquent behavior.
U	Unknown

Circle	COMMUNITY SAFETY <i>Please rate the highest level from the past 30 days</i>
0	Youth presents no risk to the community. He/she could be unsupervised in the community.
1	Youth engages in behavior that represents a risk to community property.
2	Youth engages in behavior that places community residents in some danger of physical harm. This danger may be an indirect effect of the youth's behavior.
3	Youth engages in behavior that directly places community members in danger of significant physical harm.
U	Unknown

Circle	PEER INFLUENCES <i>Please rate the highest level from the past 30 days</i>
0	Youth's primary peer social network does not engage in alcohol or drug use.
1	Youth has peers in his/her primary peer social network who do not engage in alcohol or drug use but has some peers who do.
2	Youth predominantly has peers who engage in alcohol or drug use but youth is not a member of a gang.
3	Youth is a member of a peer group that consistently engages in alcohol or drug use.
U	Unknown

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

Circle	PARENTAL CRIMINAL BEHAVIOR <i>Please rate the highest level from the past 30 days</i>
0	There is no evidence that youth's parents have ever engaged in criminal behavior.
1	One of youth's parents has history of criminal behavior but youth has not been in contact with this parent for at least one year.
2	One of youth's parents has history of criminal behavior and youth has been in contact with this parent in the past year.
3	Both of youth's parents have history of criminal behavior.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module	

SEXUAL BEHAVIOR MODULE	
Circle	SEXUAL AGGRESSION <i>Please rate the highest level from the past 30 days</i>
0	No evidence of any history of sexually aggressive behavior. No sexual activity with younger children, non-consenting others, or children not able to understand consent.
1	History of sexually aggressive behavior (but not in past year) OR sexually inappropriate behavior in the past year that troubles others such as harassing talk or excessive masturbation.
2	Child is engaged in sexually aggressive behavior in the past year but not in the past 30 days.
3	Child has engaged in sexually aggressive behavior in the past 30 days.
U	Unknown

Circle	PROMISCUITY <i>This refers to sexual behavior involving multiple partners not in relationships or very rapid transitions to new relationships to justify sexual behavior. Please rate behavior during the past year.</i>
0	Child exhibits no problems or history of promiscuous sexual behavior.
1	Child has lifetime history of promiscuous sexual behavior but has either been monogamous or celibate for the past year.
2	Child engages in promiscuous sexual behavior involving multiple partners.
3	Child engages in a dangerous level of promiscuous behavior involving multiple partners in unprotected high-risk sexual behavior or with partners who are abusive or otherwise physically dangerous.
U	Unknown

Circle	KNOWLEDGE OF SEX <i>Please rate behavior in the past 30 days</i>
0	Child has a developmentally appropriate level of knowledge about sex and sexuality.
1	Child may be more knowledgeable about sex and sexuality than would be indicated by

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

	their age.
2	Child has significant deficits in knowledge about sex or sexuality. These deficits interfere with child's functioning in at least one life domain.
3	Child has significant deficits in knowledge about sex and/or sexuality that places him/her at risk for significant physical or emotional harm.
U	Unknown

Circle	CHOICE OF RELATIONSHIPS <i>Please rate behavior in the past 30 days</i>
0	Child demonstrates developmentally appropriate choices in relationships with a potential sexual component.
1	Child has history of poor choices in selecting relationships with regard to sexuality.
2	Child currently or recently has exhibited poor choices in terms of selecting relationships for reasons involving sexuality.
3	Child involves self in notably inappropriate or dangerous relationships for reasons involving sexuality.
U	Unknown

Circle	SEXUAL IDENTITY <i>Please rate behavior in the past year</i>
0	Child has clear and developmentally appropriate sexual identity. A child who is homosexual with no significant confusion or distress would be rated here.
1	Child is experiencing some concerns about sexual identity.
2	Child is experiencing confusion and distress about sexual identity.
3	Child is experiencing significant confusion about his/her sexual identity that is placing him/her in significant personal or interpersonal conflict. Child is at considerable risk of harm (from self or others) because of confusion.
U	Unknown

Circle	WITNESS/VICTIM TO CRIMINAL ACTIVITY <i>Please rate within the lifetime</i>
0	There is no evidence that child has been victimized or witness significant criminal activity.
1	Child is a witness of significant criminal activity.
2	Child is a direct victim of criminal activity or witnessed the victimization of a family or friend.
3	Child is a victim of criminal activity that was life threatening or caused significant physical harm or child witnessed the death of a loved one.
U	Unknown

COMMENTS: Document all facts, supporting 2's and 3's within this module	

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

INTERVIEWER/SUPERVISOR/DISTRICT LIAISON CHECKLIST

Please review assessment and complete the following checklist. Once the assessment and checklist are thoroughly completed, sign and send it to:

**Director of Children and Family Services
Oneida County Department of Mental Health
235 Elizabeth Street
Utica, NY 13501
315-798-5903**

CANS Items Complete	Interviewer	Supervisor
Ratings of 2's & 3's have factual supporting information (<i>located in the comment section or documentation attached to the CANS</i>).		
Interviewer has included input from other service providers (<i>counselor, caseworker, school etc.</i>).		
Interviewer has included input from parents/caregiver and the child.		

Interviewer/Referent Information:

Name (Please print): _____

Title: _____

Agency/School _____

Address _____

Phone _____

Signature _____

Supervisor/District Liaison

Name (Please Print) _____

Title: _____

Signature: _____

CHILD AND ADOLESCENT NEEDS AND STRENGTHS

**AUTHORIZATION FOR RELEASE OF INFORMATION
 CONSENT FOR SPOA/A COMMITTEE REVIEW**
 Oneida County Department of Mental Health
 235 Elizabeth Street, Utica, NY 13501
 Phone (315) 798-5903 Fax (315) 798-6445

SINGLE POINT OF ACCESS/ACOUNTABILITY

Personal Information

Name: _____ DOB: _____ SSN: _____

Release Information To: _____ Release Information From: _____

Oneida County SPOA/A

(each person/agency requires a separate consent form)

Nature or Extent of Information to be Released *(Please check all that apply):*

- | | |
|--|--|
| <input type="checkbox"/> Current Medications/Allergies | <input type="checkbox"/> Educational Reports |
| <input type="checkbox"/> Service Related Information | <input type="checkbox"/> Recommendations |
| <input type="checkbox"/> Admission/Discharge Summaries | <input type="checkbox"/> Case Management Service Plans |
| <input type="checkbox"/> Treatment History | <input type="checkbox"/> Medical history |
| <input type="checkbox"/> Case Management History | <input type="checkbox"/> Psychological Evaluations |
| <input type="checkbox"/> More recent physical exam | <input type="checkbox"/> Current service plan/IEP |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Other (please specify): |

Redisclosure of record information to any other party is prohibited. This consent applies to information, which may contain reference to drug/alcohol treatment, and is in accordance with Federal Regulations under 42 CFR, Section 2.

Reason for Release of Information *(Check all that apply):*

- | | |
|---|---|
| <input type="checkbox"/> To assist in assessment/service planning | <input type="checkbox"/> To coordinate service |
| <input type="checkbox"/> To accomplish referral | <input type="checkbox"/> To establish program eligibility |
| <input type="checkbox"/> Other (please specify): | <input type="checkbox"/> To permit discharge planning |

I consent to the release of the information described above. This authorization (check one):

Is for a one-time release Will expire in 30 days after discharge from this sequence of treatment

I may evoke my consent at any time by delivery of a written notice to Single Point of Entry/Accountability. Revocation will be effective upon the date the notice is received. Revocation does not apply to information furnished before that date. Redisclosure of record information to any other party is prohibited.

 Client Name _____
 Date

 Parent/Guardian Signature *(if client is a minor)* _____
 Date

 Witness Signature _____
 Date