

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

INDIANA SHORT FORM – 5 - 17

First Name		Middle Name		Last Name		Date	
Reason <input type="checkbox"/> Initial <input type="checkbox"/> Reassessment <input type="checkbox"/> Termination				Does the individual have Medicaid? <input type="checkbox"/> No <input type="checkbox"/> Yes (RID required)			
Medicaid RID #				DOB			

Decision Model Questions (Required)
0 - No ; 1 - Yes

	0	1	2
Has the child received intensive community based services in last 6 months?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Has a decision been made by DCS or juvenile court to currently remove a child from home?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
How old is the child? 0 = 5 to 11 1 = 12 to 14 2 = > 14	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL / EMOTIONAL NEEDS
0 = no evidence
1 = history or sub-threshold, watch/prevent
2 = causing problems, consistent with diagnosable disorder
3 = causing severe/dangerous problems

	0	1	2	3
Psychosis	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Eating Disturbance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD RISK BEHAVIORS
0 = no evidence 1 = history, watch/prevent
2 = recent, act 3 = acute, act immediately

	0	1	2	3
Suicide Risk	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self Mutilation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger to Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Delinquency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Bullying	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE DOMAIN FUNCTIONING
0 = no evidence of problems 1 = history, mild
2 = moderate 3 = severe

	NA	0	1	2	3
Family Functioning	<input type="radio"/>				
Living Situation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Recreation		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Judgment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Job Functioning	<input type="radio"/>				
Legal		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Relationship Permanence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER STRENGTHS & NEEDS
0 = no evidence 1 = minimal needs
2 = moderate needs 3 = severe needs

	NA	0	1	2	3
Supervision	<input type="radio"/>				
Involvement with Care	<input type="radio"/>				
Knowledge	<input type="radio"/>				
Organization	<input type="radio"/>				
Social Resources	<input type="radio"/>				
Residential Stability	<input type="radio"/>				
Physical	<input type="radio"/>				
Mental Health	<input type="radio"/>				
Substance Use	<input type="radio"/>				
Developmental	<input type="radio"/>				
Family Stress	<input type="radio"/>				
Safety	<input type="radio"/>				
Marital/Partner Violence	<input type="radio"/>				
Abuse/Neglect	<input type="radio"/>				