

**CHILD AND ADOLESCENT NEEDS AND STRENGTHS - SAN BERNARDINO HEALTHY HOMES**

CHECK ONE:

Initial CANS

Update CANS

Transition/Discharge CANS

Date Assessed: 12/19/2019

Child/Youth's Name: [REDACTED]

Assesment Status: Approved

Under 6 Y/O

Over 15 Y/O

**A**

Date of Birth: [REDACTED]

Age: 15

Medical Record No [REDACTED]

Program: 36D31

Assessor's Name: Oliveros, Olivia

Signature: \_\_\_\_\_

LIFE DOMAIN FUNCTIONING					
0 = no evidence of problems		1 = history, mild			
2 = moderate		3 = severe			
Previous Value (PV)	N/A	0	1	2	3
Family Functioning		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Living Situation		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Developmental/Intellectual		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Decision Making		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Medical/Physical		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
School Behavior		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
School Attendance		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
CHILD/YOUTH STRENGTHS					
0 = centerpiece		1 = useful			
2 = identified		3 = not yet identified			
PV	N/A	0	1	2	3
Family Strengths		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Interpersonal		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Optimism		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Educational Setting		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vocational		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Talents/Interests		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Cultural Identity		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Community Life		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Natural Supports		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Relationship Permanence		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Well-Being		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Resilience		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Resourcefulness		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
CULTURAL FACTORS					
0 = no evidence of problems		1 = history, mild			
2 = moderate		3 = severe			
PV	N/A	0	1	2	3
Language		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ritual		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS					
0 = no evidence of problem		1 = hx or sub-threshold			
2 = signif, meets dx		3 = severe/dangerous			
PV	0	1	2	3	
Psychosis	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Impulsivity / Hyperactivity	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Depression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Anxiety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Mania	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Oppositional	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Conduct	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Adjustment to Trauma	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Attachment Difficulties	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Anger Control	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Eating Disturbances	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Affect Dysregulation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Behavioral Regressions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Substance Use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Somatization	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
CHILD RISK BEHAVIORS					
0 = no evidence of problem		1 = Hx - Watch/Prevent			
2 = recent - ACT		3 = acute - ACT IMMED.			
PV	0	1	2	3	
Suicide Risk	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Non-Suicidal Self-Injury	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Self-Harm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Aggression	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Runaway	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Delinquent Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Fire Setting	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intentional Misbehavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

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Medical Record No: [REDACTED]

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EARLY CHILDHOOD FUNCTIONING	PV	0	1	2	3	(-- NOT REQUIRED --)	PV	0	1	2	3
Communication		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Playfulness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Aggression		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Adaptability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Curiosity		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Persistence		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

  

NATURE OF TRAUMA	PV	0	1	2	3		PV	0	1	2	3		
		<b>Key: No [- Yes -]</b>							<b>Key: No[- Yes -]</b>				
Sexual Abuse *		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Natural Disaster		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Physical Abuse		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Witness to Family Violence		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Emotional Abuse		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	Witness to Community Violence		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		
Neglect		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Witness/Victim - Criminal Acts		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		
Medical Trauma		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Marital/Partner Violence		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		

Summary Table of Needs and Strengths			
<b>Areas Needing Action</b>		<b>Areas Needing Immediate and/or Intensive Action</b>	
Impulsivity / Hyperactivity	Social Functioning	Depression	Adjustment to Trauma
Attachment Difficulties	Decision Making	Anxiety	
Eating Disturbances	Sleep		
Affect Dysregulation	School Achievement		
Family Functioning			
<b>Useful Strengths</b>		<b>Strengths to Build</b>	
Talents/Interests		Family Strengths	Community Life
		Interpersonal	Natural Supports
		Optimism	Relationship Permanence
		Educational Setting	Well-Being
		Vocational	Resilience
		Spiritual/Religious	Resourcefulness
		Cultural Identity	
<b>Trauma Experiences</b>			
Sexual Abuse	Emotional Abuse	Witness to Family Violence	Marital/Partner Violence
Physical Abuse	Neglect	Witness/Victim - Criminal Acts	