

**Maryland Child and Adolescent Needs and Strengths (CANS-F)**  
**CANS Family for In-Home Services**

<b>SECTION 1. FAMILY AND YOUTH INFORMATION</b>	Completed Date <a href="#">Click here to enter a date.</a>
<b>NAME OF CASEHEAD/FAMILY</b>	<b>CASEHEAD/FAMILY ID #</b>
	<b>Open Date</b> <a href="#">Click here to enter a date.</a>

<b>FAMILY AND HOUSEHOLD COMPOSITION</b>		
<b>Caregiver/ Adult in Household Name</b>	<b>DOB/Age</b>	<b>Relationship to CASEHEAD</b>
1.	<a href="#">Click here to enter a date.</a>	Choose an item.
2.	<a href="#">Click here to enter a date.</a>	Choose an item.
3.	<a href="#">Click here to enter a date.</a>	Choose an item.
4.	<a href="#">Click here to enter a date.</a>	Choose an item.

<b>FAMILY AND HOUSEHOLD COMPOSITION</b>			
<b>Youth Name</b>	<b>DOB/Age</b>	<b>School / Grade</b>	<b>Relationship to CASEHEAD</b>
1.	<a href="#">Click here to enter a date.</a>		Choose an item.
2.	<a href="#">Click here to enter a date.</a>		Choose an item.
3.	<a href="#">Click here to enter a date.</a>		Choose an item.
4.	<a href="#">Click here to enter a date.</a>		Choose an item.
5.	<a href="#">Click here to enter a date.</a>		Choose an item.
6.	<a href="#">Click here to enter a date.</a>		Choose an item.
7.	<a href="#">Click here to enter a date.</a>		Choose an item.
8.	<a href="#">Click here to enter a date.</a>		Choose an item.
9.	<a href="#">Click here to enter a date.</a>		Choose an item.
10.	<a href="#">Click here to enter a date.</a>		Choose an item.

**Reason and Source of Referral and Agency Perception of the Issues (include family issues identified by referral source)**

<b>FAMILY'S PRESENTATION OF PROBLEMS (include specifics of problem, duration, &amp; family's proposed solution)</b>	
<b>Caregiver's Description</b>	<b>Child's Description (identify each child's responses)</b>

<b>PAST AND CURRENT SERVICES</b>		
<b>Name of Service (include name and contact if relevant)</b>	<b>Current or Past?</b>	<b>Helpful?</b>
1.	Choose an item.	Choose an item.
2.	Choose an item.	Choose an item.
3.	Choose an item.	Choose an item.
4.	Choose an item.	Choose an item.

**SECTION 2. COMPREHENSIVE FAMILY ASSESSMENT**

Family Functioning	Rating Scale: 0=No evidence of need      2=ACT to address need 1=Monitor, collect more info      3=ACT immediately, intensely		
	Rating (0-3)	Comments: (comments required for ratings of ≥1)	Strength?
Parental-Caregiver collaboration			<input type="checkbox"/>
Relations among siblings			<input type="checkbox"/>
Extended family relations			<input type="checkbox"/>
Family conflict			<input type="checkbox"/>
Family communication			<input type="checkbox"/>
Family role appropriateness			<input type="checkbox"/>
Safety			<input type="checkbox"/>
Social Resources			<input type="checkbox"/>
Additional Info on Family Functioning	Family Relationships Safety/Discipline Social Supports		
Financial Resources			<input type="checkbox"/>
Residential stability			<input type="checkbox"/>

**Family Finances**

**Income:**

Employment income (monthly total from all employment) \_\_\_\_\_

Child support (monthly amount via CSE or directly from non-custodial parent) \_\_\_\_\_

Temporary Cash Assistance -TCA ( monthly amount) \_\_\_\_\_

Food Stamps ( monthly amount) \_\_\_\_\_

SSI/SSDI/Social Security Retirement/Social Security Survivor’s benefits \_\_\_\_\_

Unemployment \_\_\_\_\_

Other \_\_\_\_\_

**MONTHLY TOTAL** \_\_\_\_\_

**Health Insurance:**

Caregivers have health insurance?  Yes  No      if yes, provider name? \_\_\_\_\_

Children have health insurance?  Yes  No      if yes, provider name? \_\_\_\_\_

**DOES THIS FAMILY NEED ASSISTANCE WITH FINANCIAL RESOURCES** (e.g., budgeting, bill payment, debt, insurance)?  Yes  No      Explanation:

**DOES THIS FAMILY OWN OR RENT?**  Own  Rent

Explanation of concerns (related to the neighborhood or home):

**DOES THIS FAMILY HAVE RELIABLE TRANSPORTATION?**  Yes  No

### SECTION 3. COMPREHENSIVE CAREGIVER ASSESSMENT

<b>CAREGIVER</b>		<b>Rating Scale:</b> 0=No evidence of need 1=Monitor, collect more info				2=ACT to address need 3=ACT immediately, intensely	
Caregiver (reference # above)	#1	#2	#3	#4	Comments: (comments required for ratings of ≥1)	Strength?	
Supervision						<input type="checkbox"/>	
Involvement with care						<input type="checkbox"/>	
Emotional responsiveness						<input type="checkbox"/>	
Boundaries						<input type="checkbox"/>	
Discipline						<input type="checkbox"/>	
Post-traumatic Reactions						<input type="checkbox"/>	
Marital/Partner Conflict						<input type="checkbox"/>	
Physical Health						<input type="checkbox"/>	
Mental health						<input type="checkbox"/>	
Developmental						<input type="checkbox"/>	
Substance use						<input type="checkbox"/>	
Caregiver Criminal Behavior						<input type="checkbox"/>	
Additional Caregiver Info	Physical Health Mental Health Substance Abuse Legal-Marital Status						

#### Medical/Dental History:

Date of last physical?

[Click here to enter a date.](#)

Not available?

Date of last dental?

[Click here to enter a date.](#)

Not available?

Immunizations up to date?

Yes  No

Explanation:

<b>CAREGIVER ADVOCACY</b>		<b>Rating Scale:</b> 0=No evidence of need 1=Monitor, collect more info		2=ACT to address need 3=ACT immediately, intensely	
Caregiver	Rating (0-3)	Comments: (comments required for ratings of ≥1)	Strength?		
Knowledge of family-child needs			<input type="checkbox"/>		
Knowledge of service options			<input type="checkbox"/>		
Knowledge of rights & responsibilities			<input type="checkbox"/>		
Ability to listen			<input type="checkbox"/>		
Ability to communicate			<input type="checkbox"/>		
Natural supports			<input type="checkbox"/>		

**NATURAL SUPPORTS**

Name	Address	Phone	Relationship to Family/Youth
1.			Choose an item.
2.			Choose an item.
3.			Choose an item.
4.			Choose an item.
5.			Choose an item.

**PROFESSIONAL SUPPORTS / INTERESTED PARTIES**

Name	Address	Phone	Relationship to Family/Youth
1.			Choose an item.
2.			Choose an item.
3.			Choose an item.
4.			Choose an item.
5.			Choose an item.

**Rating Scale:** 0=No evidence of need      2=ACT to address need  
 1=Monitor, collect more info      3=ACT immediately, intensely

Caregiver	Rating (0-3)	Comments: (comments required for ratings of ≥1)	Strength?
Satisfaction with youth’s living arrangement			<input type="checkbox"/>
Satisfaction with youth’s educational arrangement			<input type="checkbox"/>
Satisfaction with service arrangement			<input type="checkbox"/>
Additional Caregiver Advocacy Info			

**SECTION 4. FAMILY CULTURE ASSESSMENT**

**ACCULTURATION**      **Rating Scale:** 0=No evidence of need      2=ACT to address need  
 1=Monitor, collect more info      3=ACT immediately, intensely

	Rating (0-3)	Comments: (comments required for ratings of ≥1)	Strength?
Language			<input type="checkbox"/>
Cultural Identity			<input type="checkbox"/>
Gender/Sexual Identity			<input type="checkbox"/>
Ritual			<input type="checkbox"/>
Additional Caregiver Advocacy Info			

## SECTION 5. COMPREHENSIVE CHILD ASSESSMENT

CHILD FUNCTIONING	Rating Scale:					
	0=No evidence of need		2=ACT to address need			
	1=Monitor, collect more info		3=ACT immediately, intensely			
Child (Corresponds with # above)	#1	#2	#3	#4	Comments: (comments required for ratings of ≥1)	Strength?
Relationship with biological mother						<input type="checkbox"/>
Relationship with biological father						<input type="checkbox"/>
Relationship with primary caregiver						<input type="checkbox"/>
Relationship with other family adults						<input type="checkbox"/>
Relationship with siblings						<input type="checkbox"/>
Medical/Physical						<input type="checkbox"/>
Intellectual (IQ only)						<input type="checkbox"/>
Speech Language Delay						<input type="checkbox"/>
Autism Spectrum/PDD						<input type="checkbox"/>
Social Functioning						<input type="checkbox"/>
School Attendance						<input type="checkbox"/>
School Achievement						<input type="checkbox"/>
School Behavior						<input type="checkbox"/>
Mental Health Needs					If >1 please complete Behavioral/Emotional Needs Section	
Risk Behaviors					If >1 please complete Child Risk Behaviors Section	
Adjustment to Trauma					If >1 please complete Trauma Experiences Section	
Additional Child Information						

TRAUMA EXPERIENCES (over LIFETIME)	Rating Scale:				
	0=No evidence of exposure	1=mild exposure	2=moderate exposure	3=severe exposure	
Child (Corresponds with # above)	#1	#2	#3	#4	Comments: (comments required for ratings of "1" and above)
Sexual Abuse					
Physical Abuse					
Emotional Abuse					
Neglect					
Medical Trauma					
Witness to Family Violence					
Community Violence					
School Violence					
Natural/Man-made Disasters					
War-Affected					
Terrorism-Affected					
Witness/Victim to Criminal Activity					

**(AT DISCHARGE)**

**DOES THIS FAMILY NEED FURTHER SERVICES?**  Yes  No

**Develop service plan to build on strengths and address areas of family, caregiver and youth needs.**

(Strengths can assist in addressing need areas, or present opportunities to promote healthy development.)

Run Spell Check

**AUTHORIZATION**

Worker name and ID		Supervisor name	
Worker signature	Date	Supervisor signature (approved)	Date
	Click here to enter a date.		Click here to enter a date.

## SECTION 5. CHILD ASSESSMENT MODULES

<b>CHILD BEHAVIORAL/ EMOTIONAL NEEDS</b>	<b>Rating Scale:</b>				
	0=No evidence of need		2=ACT to address need		
	1=Monitor, collect more info		3=ACT immediately, intensely		
<b>Child (Corresponds with # above)</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>Comments:</b> (comments required for ratings of "1" and above)
Psychosis					
Attn Deficit / Impulse Control					
Depression / Mood Disorder					
Anxiety					
Oppositional Behavior					
Conduct / Antisocial Behavior					
Substance Abuse					
Eating Disturbance					
Anger Control					
Attachment Difficulties					

<b>CHILD RISK BEHAVIORS</b>	<b>Rating Scale:</b>				
	0=No evidence of need		2=ACT to address need		
	1=Monitor, collect more info		3=ACT immediately, intensely		
<b>Child (Corresponds with # above)</b>	<b>#1</b>	<b>#2</b>	<b>#3</b>	<b>#4</b>	<b>Comments:</b> (comments required for ratings of "1" and above)
Suicide Risk					
Self-Injurious Behaviors					
Reckless Behaviors					
Danger to Others					
Sexual Aggression					
Sexually Reactive Behaviors					
Runaway					
Delinquent Behavior					
Fire-Setting					
Intentional Misbehavior					
Bullying					
Exploited					