



County of Santa Cruz - Behavioral Health Services

CANS 0-5 years old

Client: _____

OVERVIEW

Assessment Date _____
 Assessment Type Admission Update Discharge
 Current Age Group 0-5
 Draft Final

Caregiver's Relationship to Client:

Adoptive Parent Relative Caregiver
 Biological Parent Foster Parent
 Legal Guardian Other
 N/A _____

Caregiver Name _____

KEY: 0=Centerpiece 1=Useful Strength 2=Potential Strength 3=Not Identified/No Evidence NA/Unk=Not Applicable/Unknown

STRENGTHS DOMAIN

Family	0 1 2 3 U	Natural Supports	0 1 2 3 U
Extended Family Relationships	0 1 2 3 U	Adaptability	0 1 2 3 U
Interpersonal/Social Connectedness	0 1 2 3 U	Persistence	0 1 2 3 U
Relationship Permanance	0 1 2 3 U	Self Esteem/Self Confidence	0 1 2 3 U
Curiosity	0 1 2 3 U		
Playfulness	0 1 2 3 U		
Creativity / Imagination	0 1 2 3 U		
Special Skills/Talents/Interests	0 1 2 3 U		

KEY: 0=No Evidence of Need 1=Watch/Prevent 2=Action Needed 3=Immediate Action NA/Unk=Not Applicable/Unknown

LIFE DOMAIN FUNCTIONING

Intellectual/Development

Developmental Milestones 0 1 2 3 U

Intellectual/Development Module

Developmental (Delays or Autistic Spectrum) 0 1 2 3 U

Communication 0 1 2 3 U

Self Care/Independent Daily Living Skills 0 1 2 3 U

Medical/Physical

Medical 0 1 2 3 U

Physical Development 0 1 2 3 U

Motor 0 1 2 3 U

Sensory 0 1 2 3 U

Family/Family Functioning 0 1 2 3 U

Living Situation 0 1 2 3 U

Social Functioning 0 1 2 3 U

Social/Emotional 0 1 2 3 U

Sleep 0 1 2 3 U

Parent/Child Interactions 0 1 2 3 U

Early Care/Educational Setting 0 1 2 3 U

KEY: 0=No Evidence of Need 1=Watch/Prevent 2=Action Needed 3=Immediate Action NA/Unk=Not Applicable/Unknown

ACCULTURATION

Language 0 1 2 3 U

Cultural Stress 0 1 2 3 U

Identity 0 1 2 3 U

Cultural Differences 0 1 2 3 U

Ritual 0 1 2 3 U

KEY: 0=No Evidence of Need 1=Watch/Prevent 2=Action Needed 3=Immediate Action NA/Unk=Not Applicable/Unknown

CARE INTENSITY AND ORGANIZATION (NEEDS)

Service Intensity	0 1 2 3 U	Service Coordination	0 1 2 3 U
Funding/Eligibility	0 1 2 3 U	Service Access/Availability	0 1 2 3 U
Transportation	0 1 2 3 U	Cultural Appropriateness of Services	0 1 2 3 U
Service Permanence	0 1 2 3 U		

KEY: NA/Unk=No Caregiver Identified 0=No Evidence of Need 1=Watch/Prevent 2=Action Needed 3=Immediate Action

CAREGIVER NEEDS

Supervision	0 1 2 3 U	Cultural Diversity	0 1 2 3 U
Involvement with Care	0 1 2 3 U	Spirituality	0 1 2 3 U
Physical Health	0 1 2 3 U	Employment	0 1 2 3 U
Knowledge	0 1 2 3 U	Education	0 1 2 3 U
Organization	0 1 2 3 U	Language	0 1 2 3 U
Financial Resources	0 1 2 3 U	Behavioral Health/Mental Health	0 1 2 3 U
Social Resources	0 1 2 3 U	Substance Use	0 1 2 3 U
Housing/Residential Stability	0 1 2 3 U	Knowledge of Service Options	0 1 2 3 U
Empathy for Child	0 1 2 3 U	Access to Childcare	0 1 2 3 U
Understanding	0 1 2 3 U	Parental Responsiveness	0 1 2 3 U
Knowledge of Rights and Responsibilities	0 1 2 3 U	Caregiver Resourcefulness	0 1 2 3 U

KEY: 0=No Evidence of Need 1=History, Watch/Prevent 2=Action Needed Consistent with Diagnosable Disorder 3=Immediate Action

MENTAL HEALTH / BEHAVIORAL AND EMOTIONAL NEEDS

Attachment	0 1 2 3 U	Depression	0 1 2 3 U
Failure to Thrive	0 1 2 3 U	Anxiety	0 1 2 3 U
Impulsivity/Hyperactivity	0 1 2 3 U	Oppositional Behavior	0 1 2 3 U
Aggression	0 1 2 3 U	Regulatory	0 1 2 3 U
Atypical Behavior	0 1 2 3 U	Attention	0 1 2 3 U
		Current Environmental Stressors	0 1 2 3 U
Trauma			
Adjustment to Trauma (0-5)	0 1 2 3 U		

KEY: NA/Unk=No Caregiver Identified 0=No Evidence of Need 1=Watch/Prevent 2=Action Needed 3=Immediate Action

PARENT - CHILD RELATIONSHIP NEEDS

Adjustment to Trauma	0 1 2 3 U	Prenatal Care	0 1 2 3 U
Safety, Protection, Comfort	0 1 2 3 U	Labor/Delivery	0 1 2 3 U
Separation	0 1 2 3 U	Substance Exposure	0 1 2 3 U
Birthweight	0 1 2 3 U		0 1 2 3 U
Pica	0 1 2 3 U	Maternal Availability	0 1 2 3 U

Clinician Completing Assessment:

Signature:

Title:

Date:

This confidential information is provided to you in accord with State and Federal laws and regulations including but not limited to applicable Welfare and Institutions code, Civil Code and HIPAA Privacy Standards. Duplication of this information for further disclosure is prohibited without prior written authorization of the client/authorized representative to whom it pertains unless otherwise permitted by law. Destruction of this information is required after the stated purpose of the original request is fulfilled.