CHILD AND ADOL	ESCENT	NE	EDS AND S	STRENGTH	S (CAN	IS) 0 to	5 5			
Child Name:		Chi	Child CIN: Child Sex:							
Check one: Initial CANS Follow-up	CANS	Chi	ild Age (at	time of CAN	IS):					
Child's Current Living Birth or	Hom	ne 🗌 Ki	inship Foste	r Home)		Congr	egate	Care	
Setting: (Check only one) Adoptive	e Home Non-Kinship Foster Home On Own									
	Ca	Caregiver Relationship to Child (Check only one per caregiver)								
Caregiver Name		her Father		Kinship Foster Parent	Non- Fos Pare	ter	Other Relative		No	her on- itive
Caregiver 1.										
Caregiver 2.										
Caregiver 3.										
Caregiver 4.										
Check if child has no identified Careg	Check if child has no identified Caregiver									
Care Manager:	CANS	Com	pletion Da	te:	m	m	d	d	У	У

NEEDS RATING INTENSITY/ACTION LEVEL	STRENGTHS RATING INTENSITY/ACTION LEVEL
"0" indicates no evidence. No need for action.	"0" is centerpiece <i>strength</i> . It indicates a strength that is so powerful and important to the person that it can be used
	as the focal point for a strength-based planning process.
"1" indicates watchful waiting/prevention. This need should be monitored, or efforts to prevent it from returning or getting worse should be initiated.	"1" is a <i>useful strength</i> . While by no means as powerful as centerpiece strength, this level indicates a strength that still could be useful for strength-based planning. It is real and ready to be included in the plan.
"2" indicates action. An intervention of some type is required because the need is interfering in some notable way with the individual's, family's or community's functioning.	"2" is an identified strength. This is a strength identified as having the potential to develop but is not useful at the present time. Examples are interest in music or a hobby that is not being developed, or a vocational preference that is not being pursued. Strength-building activities would be indicated.
"3" indicates immediate/ intensive action. This need is either dangerous or disabling.	"3" indicates <i>no strength is identified</i> . This level indicates that there is no known strength. Strength identification and building are indicated.

UNLESS OTHERWISE NOTED, RATINGS REFER TO CONDITIONS WITHIN THE LAST 30 DAYS.

CANS-NY O to 5 Score Sheet

A.	CAREGIVER RESOURCES & NEEDS If child has more than to	vo care	givers.	copy th	is nage	to rate	additio	onal car	regivers		P.1
	ii ciina nas more man ci	o oal o		regive		10 1010	addien		regive		-
		0	1	2	3	NA	0	1	2	3	NA
1	Physical Health	0	0	0	0		0	0	0	0	
2	Developmental	0	0	0	0		0	0	0	0	
3	Mental Health	0	0	0	0		0	0	0	0	
4	Substance Use	0	0	0	0		0	0	0	0	
5	Partner Relationship	0	0	0	0	0	0	0	0	0	0
6	Caregiver Adjustment to Trauma	0	0	0	0		0	0	0	0	
7	Legal	0	0	0	0		0	0	0	0	
8	Acculturation/Language	0	0	0	0		0	0	0	0	
9	Culture Stress	0	0	0	0		0	0	0	0	
10	Self-Care/Daily Living	0	0	0	0		0	0	0	0	
11	Organization	0	0	0	0		0	0	0	0	
12	Supervision	0	0	0	0		0	0	0	0	
13	Resourcefulness	0	0	0	0		0	0	0	0	
14	Decision-Making	0	0	0	0		0	0	0	0	
15	Parenting Stress	0	0	0	0		0	0	0	0	
16	Housing Safety	0	0	0	0		0	0	0	0	
17	Residential Stability	0	0	0	0		0	0	0	0	
18	Financial Resources	0	0	0	0		0	0	0	0	
19	Safety from Others	0	0	0	0		0	0	0	0	
20	Informal Supports	0	0	0	0		0	0	0	0	
21	Cultural Differences within a Family	0	0	0	0		0	0	0	0	
22	Transportation of Child	0	0	0	0		0	0	0	0	
23	Knowledge of Condition	0	0	0	0		0	0	0	0	
24	Care/Treatment Involvement	0	0	0	0		0	0	0	0	
25	Knowledge Congruence	0	0	0	0		0	0	0	0	
26	Family Relationship to the System	0	0	0	0		0	0	0	0	
27	Accessibility to Child Care Services	0	0	0	0		0	0	0	0	

В.	CHILD STRENGTHS					P.7
		0	1	2	3	NA
28	Family	0	0	0	0	
29	Foster Family	0	0	0	0	0
30	Interpersonal	0	0	0	0	
31	Relationship Stability	0	0	0	0	
32	Optimism/Positive Affect	0	0	0	0	
33	Curiosity	0	0	0	0	
34	Adaptability	0	0	0	0	
35	Persistence	0	0	0	0	

C.	CHILD NEEDS & FUNC	TIONI	NG			P.9
		0	1	2	3	NA
36	Attachment	0	0	0	0	
37	Living Situation	0	0	0	0	
38	Acculturation/	0	0	0	0	
	Language))		
39	Sleep	0	0	0	0	0
40	Physical Limitations	0	0	0	0	
41	Dental Needs	0	0	0	0	
42	Recreational/Play	0	0	0	0	
43	Social Functioning	0	0	0	0	

D.	CHILD DEVELOPMENT				P.11
		0	1	2	3
44	Cognitive	0	0	0	0
45	Agitation	0	0	0	0
46	Self-Stimulation	0	0	0	0
47	Motor	0	0	0	0
48	Communication	0	0	0	0
49	Developmental Delay	0	0	0	0
50	Sensory	0	0	0	0
51	Atypical Behaviors	0	0	0	0
52	Failure to Thrive	0	0	0	0
53	Eating	0	0	0	0
54	Mobility	0	0	0	0
55	Positioning	0	0	0	0
56	Transferring	0	0	0	0
57	Elimination	0	0	0	0
58	Sensory Reactivity	0	0	0	0
59	Emotional Control	0	0	0	0
60	Frustration	0	0	0	0
	Tolerance/Tantrumming		Ŭ		
61	Temperament	0	0	0	0

E.	CHILD RISK FACTORS Only complete this sec months or younger		P.16			
		0	1	2	3	NA
62	Birth Weight	0	0	0	0	0
63	Prenatal Care	0	0	0	0	0
64	Length of Gestation	0	0	0	0	0
65	Labor and Delivery	0	0	0	0	0
66	Sibling Developmental Issues	0	0	0	0	0
67	Parental Availability	0	0	0	0	0
68	Lead Exposure	0	0	0	0	0

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F.	RISK BEHAVIORS				P.18
		0	1	2	3
69	Self-Harm	0	0	0	0
70	Aggressive Behavior	0	0	0	0
71	Fire Setting	0	0	0	0
72	Intentional Misbehavior	0	0	0	0

G. ADVERSE CHILDHOOD EXPERIENCES							
adv	This section is based on the child's exposure to adverse childhood experiences during the child's entire LIFETIME so far.						
0= n	o evidence	1= evidence or s	suspici	on			
			0	1			
73	Sexual Abuse		0	0			
74	Physical Abuse		0	0			
75	Emotional Abuse/Ne	glect	0	0			
76	Neglect	Neglect O C					
77	Witness to Abuse of	0	0				
78	Medical Trauma			0			
79	Domestic Violence		0	0			
80	Community Violence		0	0			
81	Exploitation			0			
82	School Violence		0	0			
83	Natural or Manmade	Disasters	0	0			
84	Criminal Activity		0	0			
85	Parental Incarceration	on	0	0			
86	Disruptions in Caregi	ving/	0	0			
	Attachment						
87	Death of a Loved On	e	0	0			
88	Substance Exposure		0	0			
89	Sexual Orientation/G	Gender Identity	0	0			
	or Expression						
90	Bullied		0	0			

Functioning

Н.	SCREENING QUESTIONS FOR MODULES							
		0	1	2	3	NA		
91	Trauma Symptoms	0	0	0	0			
92	Behavioral Health	0	0	0	0			
93	Medical Health	0	0	0	0			
94	Preschool/Child Care	0)		

91.	TRAUMA SYMPTOMS M	TRAUMA SYMPTOMS MODULE						
		0	1	2	3			
Α	Traumatic Grief	0	0	0	0			
В	Re-Experiencing	0	0	0	0			
С	Hyperarousal	0	0	0	0			
D	Avoidance	0	0	0	0			
E	Numbing	0	0	0	0			
F	Dissociation	0	0	0	0			
G	Affective/							
	Physiological	0	0	0	0			
	Dysregulation							

92.	BEHAVIORAL HEALTH	MODI	JLE		P.27		
		0	1	2	3	NA	
Α	Attention/	0		C		0	
	Concentration						
В	Impulsivity	0	0	0	0	0	
С	Depression	0	0	0	0		
D	Anxiety	0	0	0	0		
Ε	Oppositional	0	0	0	0		
F	PICA	0	0	0	0		
G	Anger Control	0	0	0	0		

MODULES

Complete Modules 91-94 if relevant screening questions in Section H are rated as 1, 2, or 3.

91. Trauma Symptoms

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92. Behavioral Health

93. Medical Health

94. Preschool/Child Care

Functioning

If the Trauma Symptoms Module is completed, the Behavioral Health Module needs to be completed as well.

93.	MEDICAL HEALTH MODULE					
		0	1	2	3	
Α	Life Threatening	0	0	0	0	
В	Chronicity	0	0	0	0	
С	Diagnostic Complexity	0	0	0	0	
D	Emotional Response	0	0	0	0	
E	Impairment in Functioning	0	0	0	0	
F	Intensity of Treatment	0	0	0	0	
G	Organizational Complexity	0	0	0	0	
Н	Family Stress	0	0	0	0	

94.	PRESCHOOL/CHILD CARE FUNCTIONING MODULE							
		0	1	2	3	NA		
Α	Educational Partnership	0	0	0	0			
В	Preschool/Child Care Behavior	0	0	0	0			
С	Preschool/Child Care Achievement	0	0	0	0			
D	Preschool/Child Care Attendance	0	0	0	0			
E	Relationship with Teachers	0	0	0	0			
F	Relationship with Peers	0	0	0	0	0		
G	Learning Ability	0	0	0	0			