

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) SAN BERNARDINO

CHECK ONE: Initial CANS

Update CANS

Transition/Discharge CANS

Date Assessed: _____

Child/Youth's Name: Last48507, First48507

Assessment Status: Approved

Under 6 Y/O ¹

Over 15 Y/O ²

Date of Birth: _____

Age: 16

Medical Record No: ID48507

Program: _____

Assessor's Name: _____

Signature: _____

LIFE DOMAIN FUNCTIONING					
0 = no evidence of problems		1 = history, mild			
2 = moderate		3 = severe			
	PV	N/A	0	1	2 3
Family Functioning ³			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Living Situation			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Social Functioning			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Recreational			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Developmental/Intellectual ⁴			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Job Functioning ¹⁵		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Decision Making			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Medical/Physical			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development ⁵			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Sleep			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
School Behavior ⁶		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
School Achievement ⁶		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
School Attendance ⁶		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>

STRENGTHS DOMAIN					
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 checked="" type="radio"/>
Interpersonal			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Optimism			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Educational Setting		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Vocational		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Talents/Interests			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Spiritual/Religious			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Cultural Identity			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Community Life			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Natural Supports			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Relationship Permanence ⁷			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Well-Being			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Resilience			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Resourcefulness			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

CULTURAL FACTORS					
0 = no evidence of problem		1 = history, mild			
2 = moderate		3 = severe			
	PV		0	1	2 3
Language			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Traditions and Rituals			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural Stress			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

CAREGIVER STRENGTHS & NEEDS					
Caregiver Assessment(s) Present					NO
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 (Thought Disorder)		<input type="radio"/>	<input type="radio"/>	<input checked="" 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 checked="" type="radio"/>	<input type="radio"/>
Anxiety		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mania		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Conduct		<input type="radio"/>	<input type="radio"/>	<input checked="" 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 type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Eating Disturbances		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Emotional and/or Physical Dysregulation		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Behavioral Regressions		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Somatization		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use ⁹		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

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-Injurious Behavior		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other Self Harm (Recklessness)		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Danger To Others		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Sexual Aggression ¹¹		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Runaway ¹²		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Delinquent Behavior ¹³		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Fire Setting ¹⁴		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Intentional Misbehavior		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Exploitation		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>

Modules 1 » 0 thru 5 2 » TAY 3 » Family Diff. 4 » Dev. Needs (DD) 5 » Sexuality 6 » School 7 » Permanency 8 » Trauma 9 » Subst. Use D/O (SUD) 10 » Violence 11 » Sexually Aggr. Bx. (SAB) 12 » Runaway 13 » Juv. Just. (JJ) 14 » Fire Setting (FS) 15 » Vocational (VOC)

PV = Previous Value of question from most recent previous assessment: display value when different; display blank when not different or when previous value not present.

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CHECK ONE: Initial CANS Update CANS Transition/Discharge CANS

Date Assessed:

Child/Youth's Name: Last48507, First48507

Date of Birth:

Medical Record No: ID48507

Program:

CANS-SB Modules

Early Childhood (EC) Module - 0-5					PV	UK	0	1	2	3						PV	UK	0	1	2	3
Motor			<input type="radio"/>	<input type="radio"/>			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Substance Exposure			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sensory			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Maternal Availability		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parent or Sibling Problems			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Empathy for the Child			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Regulatory Problems			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Failure To Thrive			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
PICA			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Birth Weight		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Prenatal Care		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Self-Care/Daily Living Skills			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Labor and Delivery		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Transitional Age Youth (TAY) Module					PV	0	1	2	3						PV	0	1	2	3		
Independent Living Skills			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Gender Identity		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Residential Stability			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sexual Orientation		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Transportation			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Medication Compliance		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Parenting Roles			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Educational Attainment		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Interpersonal/Social Connectedness			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Vocational/Career		<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Personality Disorder			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Meaningfulness		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intimate Relationships			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Victimization		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Family Difficulties (FAM) Module					PV	0	1	2	3						PV	0	1	2	3		
Relationship with Biological Mother Only			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parental/Caregiver Collaboration		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Biological Father Only			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family Communication		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship with Primary Caregiver			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family Role Appropriateness		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relationship Among Siblings			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family Conflict		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Developmental Needs (DD) Module					PV	0	1	2	3						PV	0	1	2	3		
Cognitive			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<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"/>	<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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Self-Care Daily Living Skills		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexuality Module					PV	0	1	2	3						PV	0	1	2	3		
Promiscuity			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Knowledge of Sex		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Masturbation			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Choice of Relationships		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reactive Sexual Behavior			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Sexual Exploitation		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
School Module					PV	0	1	2	3						PV	0	1	2	3		
Attention - Concentration in School			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Depression in School		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sensory Integration Difficulties In School			<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Peer Relations in School		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Affect Dysregulation in School			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Oppositional in School		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Anxiety in School			<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Conduct in School		<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Permanency Module					PV	0	1	2	3						PV	0	1	2	3		
Siblings			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Current Living Situation		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Biological/Adoptive Mother			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Grief and Loss		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Biological/Adoptive Father			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family Identity and Belonging		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Significant Adults			<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Family Finding		<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) SAN BERNARDINO

CHECK ONE: Initial CANS Update CANS Transition/Discharge CANS

Date Assessed:

Child/Youth's Name: Last48507, First48507

Date of Birth:

Medical Record No: ID48507

Program:

Trauma Module					PV	0	1	2	3						PV	0	1	2	3
(Characteristics of the Trauma Experience)																			
Sexual Abuse *	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>						Natural Disaster	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Physical Abuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Witness to Family Violence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Emotional Abuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Witness to Community/School Violence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Neglect	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>						Victim/Witness To Criminal Activity	<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 checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Sexual Abuse Expansion - Complete if Sexually Abused																			
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>						Force	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>						Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Traumatic Stress Symptoms - Complete for All Traumas																			
Emotional and/or Physical Dysregulation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Numbing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
Intrusions/Re-Experiencing	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Dissociation	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Hyperarousal	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Avoidance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Traumatic Grief and Separation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Caregiver Post-Traumatic Reactions	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Substance Use Disorder (SUD) Module					PV	0	1	2	3						PV	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Parental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Recovery Community Support	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Violence Module					PV	0	1	2	3						PV	0	1	2	3
(Historical Risk Factors)																			
History of Physical Abuse	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Witness To Domestic Violence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>					
History of Violence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Witness To Environmental Violence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
(Emotional/Behavioral Risks)																			
Bullying	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Paranoid Thinking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Frustration Management	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Secondary Gains From Anger	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Hostility	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Violent Thinking	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Resiliency Factors																			
Awareness of Violence Potential	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>						Commitment to Self-Control	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Response to Consequences	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Treatment Involvement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Sexually Aggressive Bx (SAB) Module					PV	0	1	2	3						PV	0	1	2	3
Relationship	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Physical Force / Threat	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Temporal Consistency	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Hx of Sexually Aggressive Bx (toward others)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Age Differential	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Severity of Sexual Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Type of Sex Act	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>						Prior Treatment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Runaway Module					PV	0	1	2	3						PV	0	1	2	3
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Likelihood of Return on Own	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Involvement with Others	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					
Involvement in Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>						Planning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>					

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS) SAN BERNARDINO

CHECK ONE: Initial CANS Update CANS Transition/Discharge CANS

Date Assessed: [REDACTED]

Child/Youth's Name: Last48507, First48507

Date of Birth: [REDACTED]

Medical Record No: ID48507

Program: [REDACTED]

Juvenile Justice (JJ) Module					PV 0 1 2 3					PV 0 1 2 3				
History	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Parental Criminal Behavior	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
Seriousness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>					
Planning	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	Arrests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Community Safety	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	Legal Compliance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Fire Setting (FS) Module					PV 0 1 2 3					PV 0 1 2 3				
History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Community Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Seriousness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Response to Accusation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Remorse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Use of Accelerants	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Likelihood of Future Fire Setting	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Intention to Harm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Vocational (VOC) Module					PV 0 1 2 3					PV 0 1 2 3				
Job History	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Job Relations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Job Attendance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	Job Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Job Performance	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					