

## Youth Empowerment Services Assessment CANS (Child and Adolescent Uniform Assessment)

Last Name:

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CMBHS Client

Number:

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Suffix:

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Local Case Number:

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First Name:

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Component:

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Middle Name:

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Location:

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Medicaid:

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Local Assessment Number:

Assessment Type:

☐ YES CANS Assessment

Referral Source: \_\_\_\_\_

### Section 1: Child and Adolescent Needs and Strengths (CANS)

A. CANS Assessment Date \_\_\_\_\_ mm/dd/yyyy Time: \_\_\_\_\_ AM / PM

B. Performed by: \_\_\_\_\_ Credentials: \_\_\_\_\_ Notes: \_\_\_\_\_

### Section 2: Community Data

A. Has the child/youth attended school at any time in the past 3 months? Yes ☐ No ☐ N/A ☐

B. Current grade level or highest grade level completed? \_\_\_\_\_

C. Education - Select all that applies to this client: ☐ Is currently enrolled in school ☐ Is pursuing or received a GED

☐ Has Graduated ☐ 504 Plan ☐ Has some College Hours ☐ Long term suspension in most recent school year ☐

Special Education ☐ Other ☐ None

D. Primary Residence Type (last 90 days): \_\_\_\_\_

E. Juvenile/Criminal Justice: ☐ TCOMMI (Current/Historical/None) ☐ Charges Pending (Current/Historical/None)

☐ Probation (Current/Historical/None) ☐ Parole (Current/Historical/None)

F. Number of Arrests in the last 30 days: \_\_\_\_\_

G. Children's Mental Health (CMH): ☐ Currently receiving CMH services from LMHA/LBHA/CSP? ☐ Currently on a waitlist for CMH services ☐ Accessing MH services from provider other than LMHA/LBHA/CSP? ☐ None

H. Has the child ever had IDD Diagnosis? Yes / No

I. If Yes, Was this IDD Diagnosis a Primary Diagnosis? Yes/No

J. Home and Community Based Services (Currently receiving the mentioned waiver services): \_\_\_\_\_

K. Home and Community Based Services (Currently on waitlist for the mentioned waiver service): \_\_\_\_\_

L. Community Supports and Activities- Select all activities this client currently participates in: ☐ Religions/Spiritual practices ☐ Community Resource Coordination Group (CRCG) involvement ☐ SUD Recovery activities ☐ Organized sports ☐ Scouting Organization ☐ Boy & Girl club ☐ Mentorship Program ☐ LGBTQ Support Group ☐ Cultural Activities ☐ Extra-Curricular school activities ☐ MH Peer Support ☐ Other \_\_\_\_\_

- M. **Community Tenure in the last 12 months – Select all the out of home placements this client experienced:** ☐Psychiatric Hospitalization ☐Residential Treatment Center (RTC) placement ☐Juvenile Justice Detention ☐At Risk of Placement ☐New DFPS placement (other than Respite) ☐Other \_\_\_\_\_
- N. **Outpatient Services in the last 12 months- Select all Outpatient options client accessed:** ☐MH/SUD Partial Hospital Program ☐MH/SUD Intensive Outpatient Program (IOP) ☐Cognitive/ Behavioral or other traditional talk therapy ☐Therapy targeting trauma related issues ☐Applied Behavioral Analysis ☐Group Therapy ☐ Other \_\_\_\_\_
- O. **LTSS Terms of Use Signed?** Y or N or Unknown
- P. **LTSS Terms of Use Acknowledged By?** LAR or Self or Non-LAR
- Q. **Notes:** \_\_\_\_\_