**DEPARTMENT OF CHILDREN AND FAMILIES**

Division of Safety and Permanence

**Subsidized Guardianship Amendment Request – Age 5 to 21**

**Child and Adolescent Needs and Strengths (CANS) Version**

**Use of form**: This form is used to request an amendment to an existing subsidized guardianship agreement under s.48.623(3)(c)1. Wis. Stats. and Ch. DCF 55.08 Admin. Code when the guardian(s) believe there has been a substantial change in the special care needs of the child.

**Instructions**: Wisconsin Statutes, s.48.623(3)(c)1 requires the department to determine “…whether there has been a substantiated report of abuse or neglect of the child by the guardian or proposed guardian…” Disclosure of your social security number is voluntary and will be used for verification purposes only. **Complete a separate form for each child for whom you are requesting a subsidized guardianship amendment.** Confirmation by an appropriate professional must be submitted with this form to support the characteristic(s) identified. Dates on documentation must be within six months of the signing of this form. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

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| **SECTION I. CHILD / PARENT INFORMATION** |
| Name – **Child / Youth** (Last, First, MI) | Social Security Number – Child |
| Birthdate – Child (mm/dd/yyyy) | Date of Guardianship (mm/dd/yyyy) |
| **Guardian** |
| Name – List all Legal Names Since Placement of Child |
| Address – Mailing (Street, City, State, Zip Code) |
| Telephone Number – Daytime | Birthdate (mm/dd/yyyy) | Social Security Number |
| County / Counties of Residence Since Child Placement – Indicate Specific Years |
| [ ]  Yes [ ]  No Are you aware of any substantiated child abuse or neglect reports involving you and the child?Comments: |
| **Guardian** |
| Name – List all Legal Names Since Placement of Child |
| Address – Mailing (Street, City, State, Zip Code) |
| Telephone Number – Daytime | Birthdate (mm/dd/yyyy) | Social Security Number |
| County / Counties of Residence Since Child Placement – Indicate Specific Years |
| [ ]  Yes [ ]  No Are you aware of any substantiated child abuse or neglect reports involving you and the child?Comments: |

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| **SECTION II. CHILD AND ADOLESCENT NEEDS AND STRENGTHS** |

Check the appropriate box (one box only) for each question that most closely reflects the child’s current functioning and / or needs. **If the child’s needs or functioning are age appropriate, the first box for the question should be checked.**

**A. EMOTIONAL CHARACTERISTICS (Ages 5 to 21)**

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| **I-1. Adjustment to Past Trauma (PAST 30 DAYS)** |
| [ ]  Child has demonstrated no emotional concerns related to past traumatic life events. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History or suspicion of problems associated with traumatic life events. | [ ]  Clear evidence of adjustment problems due to traumatic life events, which are interfering with the child’s functioning in at least one area of life.  | [ ]  Clear symptoms of Post Traumatic Stress Disorder, which may include flashbacks, nightmares, significant anxiety, and intrusive thoughts of trauma experience.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-2. Adjustment to Past Trauma – Traumatic Grief / Separation (PAST 30 DAYS)** |
| [ ]  There is no evidence the child has experienced traumatic grief or separation from significant caregivers or this information is unknown to me.  | [ ]  Child is experiencing some level of traumatic grief due to death or loss of a significant person or distress from caregiver separation in a manner that is appropriate given the recent nature of loss or separation. | [ ]  Child is experiencing a moderate level of traumatic grief or difficulties with separation in a way that impairs functioning in certain but not all areas including isolation or withdraw from others.  | [ ]  Child is experiencing significant traumatic grief or separation reactions. Child exhibits impaired functioning in several areas for a significant period of time following the loss or separation.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-3. Adjustment to Past Trauma – Intrusions (PAST 30 DAYS)** |
| [ ]  There is no evidence that the child experiences intrusive thoughts of trauma or this information is unknown to me.  | [ ]  Child experiences some intrusive thoughts of trauma but they do not affect his / her functioning. | [ ]  Child experiences intrusive thoughts that interfere in his / her ability to functioning in some areas of life.  | [ ]  Child experiences repeated and severe intrusive thoughts of trauma.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **I-4. Adjustment to Past Trauma – Attachment Difficulties (PAST 30 DAYS)** |
| [ ]  No evidence of attachment problems. Any concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  Mild problems with attachment. This could involve either mild problems with separation or mild problems of detachment. | [ ]  Moderate problems with attachment. Child is having problems with attachment that require intervention. A child who meets the criteria for Attachment Disorder in DSM-V would be rated here.  | [ ]  Severe problems with attachment. A child who is unable to separate or a child who appears to have severe problems with forming or maintaining relationships with caregivers.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-5. Adjustment to Past Trauma – Dissociation / Emotional Disconnect from Situations (PAST 30 DAYS)** |
| [ ]  There is no evidence of dissociation / emotional disconnection to a stressful situation or this information is unknown to me.  | [ ]  Child may experience some symptoms of dissociation / emotional disconnection to a stressful situation.  | [ ]  Child clearly experiences episodes of dissociation / emotional disconnection to a stressful situation, which are having an impact on the child’s ability to function in social situations or relate to others. | [ ]  Profound dissociation / emotional disconnection to a stressful situation. The periods of dissociation are having a profound effect on the child’s ability to function or relate to others in several areas of life. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-6. Eating Disturbance (PAST 30 DAYS)** |
| [ ]  No evidence of eating disturbance. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Mild level of eating disturbance. This could include some preoccupation with weight, calories, body size, binge eating patterns, or eating non-food items that are not harmful (paper, small items). | [ ]  Clear evidence of eating disturbance that could include restrictive eating, excessive exercise, vomiting, laxatives, etc, in order to maintain below normal weight, or eating non-food items that cause pain or digestive problems.  | [ ]  Eating disturbance is disabling. Could include significantly low weight, excessive binge-purge behaviors (at least 1x / day), eating dangerous non-food items (sharp items or chemicals), and / or hospitalization.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **I-7. Sleep (PAST 30 DAYS)** |
| [ ]  Child gets a full night’s sleep each night or this information is unknown to me.  | [ ]  Child has some problems sleeping. This may include occasionally waking, bedwetting or nightmares. | [ ]  Child’s sleep is often disrupted and child seldom obtains a full night of sleep.  | [ ]  Child is generally sleep deprived. Sleeping is difficult for the child and he / she is not able to get a full night sleep.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-8. Psychosis / Hallucinations / Delusions (PAST 30 DAYS)** |
| [ ]  No evidence of hallucinations or delusions, or this information is unknown to me.  | [ ]  History or suspicion of hallucinations or delusions. | [ ]  Clear evidence of hallucinations or delusions.  | [ ]  Clear evidence of dangerous hallucinations or delusions, which places the child or others at risk of physical harm.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-9. Depression (PAST 30 DAYS)** |
| [ ]  No evidence or concern about depression. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History or suspicion of depression or mild to moderate depression associated with a recent negative life event. | [ ]  Clear evidence of depression associated with either depressed mood, which has interfered significantly in child’s ability to function in at least one area of life.  | [ ]  Clear evidence of a disabling level of depression that makes it virtually impossible for the child to function in any area of life.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **I-10. Anxiety (PAST 30 DAYS)** |
| [ ]  No evidence or concern about anxiety, any concerns are age appropriate or this information is unknown to me.  | [ ]  History or suspicion of anxiety problems or mild to moderate anxiety associated with a recent negative life event. | [ ]  Clear evidence of anxiety associated with significant fearfulness or anxious mood that has interfered significantly in child’s ability to function in at least one area of life.  | [ ]  Clear evidence of debilitating level of anxiety that makes it virtually impossible for the child to function in any area of life.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-11. Somatization – Expressing Feelings Through Physical Symptoms** |
| [ ]  No evidence of unexplained physical symptoms associated with emotional stress. Any concerns are age / developmentally appropriate or this information is unknown to me.  | [ ]  Mild level of physical problems (unexplained headaches, stomach problems, joint, limb or chest pain without medical cause) associated with emotional stress. | [ ]  Moderate level of physical problems (persistent physical symptoms without medical cause and associated with emotional stress). Somatoform disorder diagnosis.  | [ ]  Severe physical symptoms associated with emotional stress and causing significant disturbance in school or social functioning.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-12. Behavioral Regression** |
| [ ]  Child’s behaviors are consistent and age appropriate or this information is unknown to me.  | [ ]  Child has some regression in age-level behavior (e.g. thumb sucking, whining when age inappropriate). | [ ]  Child has moderate regression in age-level behavior including loss of ability to engage with peers, stopping play or exploration, or occasional bedwetting.  | [ ]  Child has significant regression in behaviors as demonstrated by significant periods of changes in speech or loss of bowel or bladder control.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **I-13. Affect Dysregulation / Emotions Are Not Appropriate to the Situation (PAST 30 DAYS)** |
| [ ]  No evidence of inappropriate emotional response, any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has mild to moderate problems demonstrating emotional responses that are appropriate to a given situation. | [ ]  Child has severe problems with appropriate emotional response but is able to control affect at times. Interferes with functioning in some areas of life.  | [ ]  Child’s emotional response to situations are mostly inappropriate and interfere in several areas of life.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-14. Suicide Risk – Do Not Include Other Self-Harming Behaviors in This Category (PAST 30 DAYS)** |
| [ ]  No evidence of suicidal thoughts or actions **or** this information is unknown to me. (Other self-harming behavior is not a suicidal action). | [ ]  History but no recent ideation or gesture. | [ ]  Recent ideation or gesture but not in the past 24 hours.  | [ ]  Current ideation or intent OR command hallucinations that involve self-harm.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-15. Non-Suicidal Self-Injurious Behavior (PAST 30 DAYS)** |
| [ ]  No evidence of self-injurious behavior or this information is unknown to me.  | [ ]  History of self-mutilation. | [ ]  Engaging in self-mutilation that does not require medical attention.  | [ ]  Engaging in self-mutilation that requires medical attention. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**A. EMOTIONAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **I-16. Other Self Harm (PAST 30 DAYS)** |
| [ ]  No evidence of behavior that places child at risk of physical harm. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History of engaging in reckless or risk-taking behaviors that put the child at risk of physical harm. | [ ]  Engages in reckless or risk-taking behaviors that put the child at risk of serious physical harm.  | [ ]  Engaged in reckless or risk-taking behavior that places child at immediate risk of death.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **I-17. Exploited**This item is used to examine a history and pattern of abuse, and / or includes a level of current risk for re-victimization (parentification of children, being bullied, victim of human trafficking, or taken advantage of by others). |
| [ ]  There is no evidence of a history of exploitation or history of victimization over the past year **or** this information is unknown to me.  | [ ]  Suspicion or history of exploitation, but child has not been exploited to any significant degree during the past year. Person is not presently at risk for re-victimization. | [ ]  This level indicates a childwho has been recently exploited (within the past year) but is not at acute risk of re-exploitation. (Physical or sexual abuse, significant psychological abuse, extortion violent crime, etc.).  | [ ]  This level indicates a child who has been recently exploited and has an acute risk of re-exploitation.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)**

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| **II-1. Functioning in Current Living Situation (PAST 30 DAYS)**  |
| [ ]  No evidence of problems functioning in current living situation. Concerns are age appropriate or this information is unknown to me. | [ ]  Mild problems functioning in current home. Caregiver has concerns about child’s behavior at home. | [ ]  Moderate to severe problems functioning at home. Child’s behavior is creating significant difficulties for others in the home.  | [ ]  Profound problems with functioning at home. Child is in immediate risk of being removed due to his / her behavior.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-2. Social Functioning – Peer (PAST 30 DAYS)**  |
| [ ]  Child has positive social relationships with peers. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child is having some minor problems in social relationships with peers. | [ ]  Child is having some moderate problems with his / her social relationships with same age peers.  | [ ]  Child is experiencing severe disruptions in his / her social relationships with same age peers.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-3. Social Functioning – Adult (PAST 30 DAYS)** |
| [ ]  Child has positive social relationships with adults. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child is having some minor problems in social relationships with adults. | [ ]  Child is having some moderate problems with his / her social relationships with adults.  | [ ]  Child is experiencing severe disruptions in his / her social relationships with adults.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-4. Involvement with the Legal / Youth Justice System – Seriousness (PAST 30 DAYS)** |
| [ ]  Youth has engaged in status offenses (curfew, tobacco possession, etc.) **or** this information is unknown to me.  | [ ]  Youth has engaged in delinquent behavior equivalent to a misdemeanor. | [ ]  Youth has engaged in delinquent behavior equivalent to a felony.  | [ ]  Youth has engaged in delinquent behavior that places other citizens at risk of significant physical harm.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-5. Involvement with the Legal / Youth Justice System – History (PAST 30 DAYS)**  |
| [ ]  Current criminal / delinquent behavior is the first known occurrence **or** this information is unknown to me / not applicable.  | [ ]  Youth has engaged in multiple criminal / delinquent acts in the past year. | [ ]  Youth has engaged in multiple criminal / delinquent acts for more than 1 year but has had 3+ month periods without.  | [ ]  Youth has engaged in multiple criminal / delinquent acts for more than 1 year without any period without involvement.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-6. Involvement with the Legal / Youth Justice System – Arrests (PAST 30 DAYS)** |
| [ ]  Youth has no known arrests in past **or** this information is unknown to me.  | [ ]  Youth has history of delinquency, but no arrests in the past 30 days. | [ ]  Youth has 1 to 2 arrests in the last 30 days. | [ ]  Youth has more than 2 arrests in the last 30 days.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-7. Involvement with the Legal / Youth Justice System – Planning (PAST 30 DAYS)** |
| [ ]  No evidence of any planning, criminal acts appear to be impulsive **or** this information is unknown to me.  | [ ]  Evidence suggests that the youth places him / herself into situations where there is a likelihood that criminal behavior will occur. | [ ]  Evidence of some planning of criminal / delinquent behavior.  | [ ]  Considerable evidence of significant planning of criminal / delinquent behavior. Behavior is premeditated.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **11-8. Involvement with the Legal / Youth Justice System – Community Safety (PAST 30 DAYS)** |
| [ ]  Youth presents no risk to the community **or** this information is unknown to me.  | [ ]  Youth engages in behavior that represents a risk to community property (theft, vandalism, etc.). | [ ]  Youth engages in behavior that places others in some danger of physical harm (risky driving, dangerous pranks).  | [ ]  Youth engages in behavior that directly places community members in danger of significant physical harm.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-9. Involvement with the Legal / Youth Justice System – Legal Compliance (PAST 30 DAYS)**  |
| [ ]  Youth is fully compliant with his / her court order or no court orders are currently in place **or** this information is unknown to me.  | [ ]  Youth is in general compliance with his / her court orders (e.g. occasional missed appointments). | [ ]  Youth is in partial noncompliance with standing court orders (e.g. youth is attending school but not court ordered treatment).  | [ ]  Youth is in serious and / or complete noncompliance with standing court orders (e.g. parole violations).  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-10. Involvement with the Legal / Youth Justice System – Peer Influences (PAST 30 DAYS)** |
| [ ]  Youth’s primary peer social group does not engage in delinquent / criminal behavior **or** this information is unknown to me.  | [ ]  Youth has peers in his / her peer group who do not engage in criminal / delinquent behavior, but some peers who do.  | [ ]  Youth predominantly has peers who engage in delinquent behavior but youth is not a member of a gang.  | [ ]  Youth is a member of a gang whose membership encourages or requires illegal behavior as an aspect of gang membership.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-11. Sexual Development (PAST 30 DAYS)** |
| [ ]  No evidence of any problems with sexual development. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Mild to moderate problems with sexual development that may include concerns about sexual identity or anxiety about the reactions of others.  | [ ]  Significant problems with sexual development that may include multiple and / or older partners or high-risk sexual behaviors.  | [ ]  Profound problems with sexual development that may include very frequent risky sexual behavior, or sexual aggression.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-12. School – Attendance (PAST 30 DAYS)** |
| [ ]  Child attends school regularly **or** this information is unknown to me.  | [ ]  Child has some problems attending school, including a history of truancy, suspensions or expulsions but generally goes to school. | [ ]  Child is having problems with school attendance, including frequent truancy, suspensions or expulsions and is missing at least 2 days per week on average.  | [ ]  Child is generally truant or refusing to go to school more than 3 days out of every week.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-13. School – Behavior (PAST 30 DAYS)** |
| [ ]  Child is behaving well in school. Any concerns are age appropriate or this information is unknown to me.  | [ ]  When child is in school, he / she behaves well although some behavior problems exist. | [ ]  When child is in school, he / she has moderate behavioral problems and is disruptive. Child may have received discipline including suspensions.  | [ ]  When child is in school, he / she is having severe problems with behavior and is frequently or severely disruptive. Child is in danger of expulsion.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-14. School – Achievement (PAST 30 DAYS)** |
| [ ]  Child is doing well in school, any concerns are age appropriate or this information is unknown to me.  | [ ]  Child is doing well in school achievement, although some problems exist, such as failing to turn in work, disorganization or refusal to do some assignments. | [ ]  Child is having moderate problems with school achievement. He / she may be failing some subjects.  | [ ]  Child is having severe achievement problems and may be failing most subjects or has failed more than 1 year within the past two years.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-15. School – Relationships with Teachers** |
| [ ]  Child has good relationships with teachers. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has occasional difficulties relating with at least 1 teacher or during at least one subject period.  | [ ]  Child has difficult relationships with teachers that notably interferes with his / her education.  | [ ]  Child has very difficult relationships with all teachers or with their only teacher, which prevents the child from learning.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-16. Impulsive / Hyperactive (PAST 30 DAYS)** |
| [ ]  No evidence of impulsivity / hyperactivity, any concerns are age appropriate or this information is unknown to me.  | [ ]  Some problems with impulsive, distractible or hyperactive behavior. | [ ]  Clear evidence of problems with impulsive, distractible or hyperactive behavior that is interfering with the child’s ability to function. | [ ]  Clear evidence of a dangerous level of impulsive behavior that can place the child at risk of physical harm.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-17. Oppositional Behaviors (PAST 30 DAYS)** |
| [ ]  No evidence of oppositional behaviors. Child displays age appropriate resistance towards adults or this information is unknown to me.  | [ ]  History or recent onset of defiance towards authority figures. | [ ]  Clear evidence of oppositional and / or defiant behaviors, which are interfering with the child’s functioning and/or causing emotional harm to others.  | [ ]  Clear evidence of a dangerous level of oppositional behavior involving the threat of physical harm to others.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-18. Conduct (PAST 30 DAYS)** |
| [ ]  No evidence of intentional misconduct. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History / suspicion of problems associated with behavior including lying, stealing, manipulating others, sexual aggression, violence towards property people or animals. | [ ]  Clear evidence of behavior which includes lying, stealing, manipulating others, sexual aggression, violence towards property people or animals.  | [ ]  Evidence of a severe level of behavior that places the child or community at significant risk of physical harm due to these behaviors.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **11-19. Anger Control (PAST 30 DAYS)** |
| [ ]  No evidence of any significant anger control problems. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Some problems with controlling anger. Child may become verbally aggressive when frustrated.  | [ ]  Moderate anger control problems. Child’s temper can become violent and has gotten him / her in significant trouble with peers, family and / or school.  | [ ]  Severe anger control problems. Child’s temper is likely associated with frequent fighting that is often physical. Others likely fear him / her.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **11-20. Substance Use (PAST 30 DAYS)** |
| [ ]  No evidence of substance use or this information is unknown to me.  | [ ]  History or suspicion of substance use. | [ ]  Clear evidence of substance abuse that interferes with functioning in any area of life.  | [ ]  Child requires detoxification OR is addicted to alcohol / drugs.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **11-21. Danger to Others (PAST 30 DAYS)** |
| [ ]  No evidence that the child presents a danger to others. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History of homicidal ideation, physically harmful aggression or fire setting that has put self or others in danger of harm. | [ ]  Recent homicidal ideation, physically harmful aggression or dangerous fire setting but not in the past 24 hours.  | [ ]  Homicidal ideation with a plan or physically harmful aggression within the past 24 hours.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-22. Sexual Aggression (PAST 30 DAYS)** |
| [ ]  No evidence of any history of sexually aggressive behavior. Any sexual contact has been age appropriate and consenting. No sexual contact with younger children, or this information is unknown to me.  | [ ]  History of sexually aggressive behavior (but not in the past year) OR sexually inappropriate behavior in the past year (e.g. harassing talk or excessive masturbation).  | [ ]  Child is engaged in sexually aggressive behavior in the past year but not in the past 30 days (use of force, coercion, nonconsensual contact).  | [ ]  Child has engaged in sexually aggressive behavior in the past 30 days (use of force, coercion, nonconsensual contact).  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-23. Delinquent Behavior** |
| [ ]  No evidence of any delinquent behavior or this information is unknown to me.  | [ ]  History of criminal / delinquent behavior but no acts in the past 30 days. | [ ]  Recent acts of criminal / delinquent behavior but no acts in the past 30 days.  | [ ]  Severe acts of criminal / delinquent behaviors that placed others at risk of significant loss or injury or place the child at risk of adult sanctions.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-24. Runaway (PAST 30 DAYS)** |
| [ ]  No evidence that the child runs away. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History of runaway from home or other settings involving at least 1 overnight absence, at least 30 days ago. | [ ]  Recent runaway behavior or ideation but not in the past 7 days.  | [ ]  Serious threat to runaway as shown by either recent attempts OR child is currently a runaway.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-25. Running Away – Frequency** |
| [ ]  Youth has only run once in the past year or this information is unknown to me / not applicable.  | [ ]  Youth has run on multiple occasions in the past year. | [ ]  Youth runs often (two or more times per month) but not always.  | [ ]  Youth runs at every opportunity.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-26. Running Away – Consistency of Destination** |
| [ ]  Youth always runs to the same **location or this** information is unknown to me / not applicable.  | [ ]  Youth generally runs to the same location or neighborhood. | [ ]  Youth runs to the same community but the specific locations change.  | [ ]  Youth runs to no planned destination.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-27. Running Away – Safety of Destination** |
| [ ]  Youth runs to a safe environment that meets his / her basic needs (e.g. food, shelter) or this information is unknown to me / not applicable.  | [ ]  Youth runs to generally safe environments; however, they might be somewhat unstable or variable. | [ ]  Youth runs to generally unsafe environments that cannot meet his / her basic needs. | [ ]  Youth runs to very unsafe environments where there is a high likelihood that he / she will be victimized. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-28. Running Away – Involvement in Illegal Activities** |
| [ ]  Youth does not engage in illegal activities while on the run or this information is unknown to me / not applicable.  | [ ]  Youth engages in status offenses beyond those involved with the running itself (e.g. curfew violations, underage drinking). | [ ]  Youth engages in delinquent activities while on the run. | [ ]  Youth engages in dangerous delinquent activities while on the run (e.g. prostitution, selling / buying drugs).  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-29. Running Away – Likelihood of Return on Own** |
| [ ]  Youth will return from run on his / her own without prompting or this information is unknown to me / not applicable.  | [ ]  Youth will return from run when found, but not without being found.  | [ ]  Youth will make him / herself difficult to find and / or might passively resist return once found.  | [ ]  Youth makes repeated and concerted efforts to hide so as to not be found and / or resists return.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **11-30. Running Away – Involvement With Others** |
| [ ]  Youth runs by self with no involvement of others or this information is unknown to me / not applicable.  | [ ]  Others enable youth to run by not discouraging youth’s behavior.  | [ ]  Others are involved in youth’s running by actively helping or encouraging youth.  | [ ]  Youth actively is encouraged to run by others. Others actively help running behavior.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-31. Running Away – Realistic Expectations** |
| [ ]  Youth has realistic expectations about the consequences of his / her running behavior or this information is unknown to me / not applicable. | [ ]  Youth has reasonable expectations about the consequences of his / her running, but may be hoping for a somewhat ‘optimistic’ outcome. | [ ]  Youth has unrealistic expectations about the consequences of his / her running behavior.  | [ ]  Youth has obviously false or delusional expectations about the consequences of his / her running behavior.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**B. BEHAVIORAL CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **II-32. Intentional Misbehavior (PAST 30 DAYS)** |
| [ ]  No evidence of problematic social behavior. Any concerns are age appropriate or this information is unknown to me.  | [ ]  Mild level of problematic social behavior (e.g. behavior that results in consequences by adults, inappropriate comments, unusual behavior in social settings). | [ ]  Moderate level of problematic social behavior, which is intentional and causing problems in the child’s life. Child is getting into trouble in school, at home and in the community. | [ ]  Severe level of problematic social behavior that might result in significant consequences such as expulsion, removal from the home or community.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-33. Fire Setting** |
| [ ]  No evidence of fire setting. Any concerns are age appropriate or this information is unknown to me.  | [ ]  History of fire setting but not in the past 6 months. | [ ]  Recent fire setting behavior (in the past 6 months) but not of the type that has endangered the child or others. | [ ]  Acute threat of fire setting. Has set a fire that endangered the lives of others (e.g. attempting to burn down a house).  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **II-34. Bullying** |
| [ ]  Youth has never engaged in bullying at school or in the community. Any concerns are age appropriate or this information is unknown to me. | [ ]  Youth has been involved with groups that have bullied others, either in school or the community; however, youth has not had a leadership role in these groups. | [ ]  Youth has bullied other youth in school or community. Youth has bullied another by him / herself or led a group that bullied another.  | [ ]  Youth has repeatedly utilized threats or actual violence to bully youth in school and / or community. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages 5 to 21)**

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| **III-1. Child’s Overall Development (PAST 30 DAYS)** |
| [ ]  Child has no developmental problems. Any concerns are age appropriate or this information is unknown to me. | [ ]  Child has some problems with physical immaturity or there are concerns about possible delays and / or low IQ. | [ ]  Child has developmental delays or mild cognitive disabilities.  | [ ]  Child has severe and pervasive developmental delays or profound cognitive disabilities. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-2. Child’s Cognitive Development (PAST 30 DAYS)** |
| [ ]  Child’s IQ appears within normal range or this information is unknown to me.  | [ ]  Child has low IQ (70 to 85) or has identified learning challenges.  | [ ]  Child has moderate cognitive disability. IQ is between 55 and 70.  | [ ]  Child has moderate to profound cognitive disability. IQ is less than 55.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-3. Autism Spectrum (PAST 30 DAYS)** |
| [ ]  Child’s development appears normal in relation to autistic characteristics or this information is unknown to me.  | [ ]  Evidence of mild symptoms of an autism spectrum disorder. Child / youth may meet criteria for Aspergers disorder.  | [ ]  Child has been diagnosed by an appropriate professional as having an autism spectrum disorder.  | [ ]  Severe autism. Symptoms are disabling in at least one area of life skills.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-4. Communication (PAST 30 DAYS)** |
| [ ]  Child’s ability to communicate is age appropriate or this information is unknown to me.  | [ ]  Child is able to understand others but may have limited ability to express him / her self.  | [ ]  Child has limited abilities to understand others **and** express him / her self.  | [ ]  Child is unable to communicate.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **III-5. Self Care and Daily Living Skills – Eating, Bathing, Dressing, Toileting (PAST 30 DAYS)** |
| [ ]  Child’s self care / daily living skills appear to be age appropriate or this information is unknown to me.  | [ ]  Child requires excessive verbal prompting on self-care tasks or daily living skills.  | [ ]  Child requires assistance (physical prompting) on multiple self care tasks or complete assistance on one self care task.  | [ ]  Child requires complete assistance on more than one self care task (eating, bathing, dressing, toileting).  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-6. Medical Needs (PAST 30 DAYS)** |
| [ ]  Child is healthy **or** this information is unknown to me / does not apply.  | [ ]  Child has some medical problems that require medical treatment (includes controlled asthma).  | [ ]  Child has chronic illness that requires ongoing medical intervention (diabetes, severe / uncontrolled asthma, life threatening allergies, HIV).  | [ ]  Child has life threatening illness or medical condition (active cancer, AIDS, etc.). |

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| List medical condition (within the last 30 days): |  |
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| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-7. Medical Needs – Life Threatening (PAST 30 DAYS)** |
| [ ]  Child’s medical condition has no implications for shortening his / her life or this information is unknown to me / does not apply.  | [ ]  Child’s medical condition may shorten life, but not until later in adulthood.  | [ ]  Child’s medical condition places him / her at some risk of premature death before he / she reaches adulthood.  | [ ]  Child’s medical condition places him / her at eminent risk of death.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **III-8. Medical Needs – Chronicity (PAST 30 DAYS)** |
| [ ]  Child is expected to fully recover from his / her condition within the next 6 months or this information is unknown to me **/** does not apply.  | [ ]  Child is expected to fully recover from his / her condition after at least 6 months but less than 2 years. | [ ]  Child is expected to fully recover from his / her condition but not within the next 2 years.  | [ ]  Child’s medical condition is expected to continue throughout his / her lifetime.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-9. Medical Needs – Diagnostic Complexity (PAST 30 DAYS)** |
| [ ]  Child’s medical diagnoses are clear and correct or this information is unknown to me / does not apply.  | [ ]  Some evidence exists to say that the child’s symptoms are complex and the diagnosis may not be entirely accurate.  | [ ]  There is substantial concern about the accuracy of the child’s medical diagnoses due to the complexity of symptoms.  | [ ]  It is currently not possible to accurately diagnose the child’s medical conditions.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-10. Medical Needs – Emotional Response (PAST 30 DAYS)** |
| [ ]  Child is coping well with his / her medical condition or this information is unknown to me / does not apply.  | [ ]  Child is experiencing some emotions related to the medical condition, but these are not affecting other areas of life.  | [ ]  Child’s emotional response to his / her condition is interfering with treatment and other areas of life.  | [ ]  Child is having severe emotional response to his / her condition that is interfering with treatment and functioning. |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-11. Medical Needs – Impairment in Functioning (PAST 30 DAYS)** |
| [ ]  Child’s medical condition is not interfering with his / her functioning in other areas of life or this information is unknown to me / does not apply.  | [ ]  Child’s medical condition is having a limited impact on functioning in one area of life (self-care, social interaction, communication, etc).  | [ ]  Child’s medical condition is interfering with functioning in more than one area of life or is disabling in at least one domain.  | [ ]  Child’s medical condition has disabled him / her in all other areas of life.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **III-12. Medical Needs – Treatment Involvement (PAST 30 DAYS)** |
| [ ]  Child is actively involved in treatment**,** this is not applicable, or this information is unknown to me.  | [ ]  Child is generally involved in treatment but may struggle to stay consistent.  | [ ]  Child is generally uninvolved although they are sometimes compliant with recommendations.  | [ ]  Child is currently resistant to all efforts to provide medical treatment.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-13. Medical Needs – Intensity of Treatment (PAST 30 DAYS)** |
| [ ]  Child’s medical treatment involves taking daily medications or visiting a medical professional no more than weekly, or this information is unknown to me / does not apply.  | [ ]  Child’s medical treatment involves taking multiple medications or visiting a medical professional multiple times per week.  | [ ]  Child’s treatment is daily but non-invasive. Treatment can be administered by a caregiver.  | [ ]  Child’s medical treatment is daily and invasive and requires either a medical professional or trained caregiver to administer.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-14. Medical Needs – Organizational Complexity (PAST 30 DAYS)** |
| [ ]  All medical care is provided by a single medical professional or this information is unknown to me / does not apply.  | [ ]  Child’s medical care is generally provided by a coordinated team of medical professionals who work for the same organization. | [ ]  Child’s medical care requires collaboration of multiple professionals who work for more than one organization.  | [ ]  Child’s medical care requires the collaboration of multiple professionals who work for more than one organization and are not able to communicate effectively.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **III-15. Physical Needs (PAST 30 DAYS)** |
| [ ]  Child has no physical limitations, any concerns are age appropriate or this information is unknown to me.  | [ ]  Child has some physical condition that places mild limitations on activities (hearing, vision impairment).  | [ ]  Child has physical condition that notably impacts activities (blindness, deafness or significant motor difficulties).  | [ ]  Child has severe physical limitations due to multiple physical conditions.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-16. Dental Needs (PAST 30 DAYS)** |
| [ ]  No evidence of any dental health needs or this information is unknown to me.  | [ ]  Child may have some dental health needs but they are not clearly known at this time.  | [ ]  Child has dental needs that require attention. Dental health is interfering with functioning in at least one life domain (eating, social interaction, etc.).  | [ ]  Child has serious dental health needs that require intensive and / or extended treatment / intervention.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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| **III-17. Daily Functioning (PAST 30 DAYS)** |
| [ ]  Child has age appropriate self-care skills. No indication of deficits or this information is unknown to me.  | [ ]  Child has minor indications of problems in self-care (dressing, toileting, bathing) compared to same age children.  | [ ]  Child has notable problems with completing tasks necessary for self-care compared to same age children.  | [ ]  Child has profound impairment of self-care skills compared to same age children.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**C. PHYSICAL / PERSONAL CARE CHARACTERISTICS (Ages 5 to 21)** (Continued)

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| **III-18. Life Skills (PAST 30 DAYS)** |
| [ ]  Child has age appropriate independent living skills. No indication of problems or this information is unknown to me.  | [ ]  Child has minor indications of problems in independent living skills compared to same age children (cleanliness, diet, organization). | [ ]  Child has notable problems with completing tasks necessary for independent living compared to same age children (self management, cleaning).  | [ ]  Child has profound problems of independent living skills compared to same age children. If not addressed, child will be unable to live independently in the future.  |
| If the child’s needs / functioning fall within a shaded box, explain why: |
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**D. ADDITIONAL DETAILS OF CHILD’S LEVEL OF NEED (OPTIONAL)**

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Attach school, medical, psychological or other evaluations that document the child’s current special care needs, and / or attach signed ‘Confirmation of Needs’ forms.

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| **SECTION III. AUTHORIZATION** |

I declare that all information provided on this form is accurate to the best of my knowledge and reflects the special needs of the child listed on page 1.

 **SIGNATURE** – Guardian Date Signed

 **SIGNATURE** – Guardian Date Signed

Questions regarding completion of this form should be directed to       at      .

Return completed form to: