**Child And Adolescent Needs and Strengths (CANS) 5-21**

**Amendment Confirmation of Needs**

**Use of Form**: When an agency receives a request to amend a subsidized guardianship or adoption assistance agreement, completion of this form is required to redetermine the supplemental portion of the monthly subsidy payment. An individual certified in Child and Adolescent Needs and Strengths Assessment Tool (CANS) shall use this form to rate the child’s needs using the amendment documentation submitted by the guardian(s) or adoptive parent(s) and/or appropriate professionals. Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Child’s Name | | | | | | | | | Child’s Date of Birth | | | | |
| Effective Date | Age at Time of Assessment | | | Current Caregiver’s Name | | | | | | | | | |
| **EMOTIONAL** | | **0** | **1** | | **2** | **3** |  | **PHYSICAL** | | **0** | **1** | **2** | **3** |
| Adjustment to Trauma | |  |  | |  |  |  | Developmental | |  |  |  |  |
| Traumatic Grief/Separation | |  |  | |  |  |  | a. Cognitive | |  |  |  |  |
| Intrusions | |  |  | |  |  |  | b. Autism Spectrum | |  |  |  |  |
| Attachment Difficulties | |  |  | |  |  |  | c. Communication | |  |  |  |  |
| Dissociation | |  |  | |  |  |  | d. Self-Care Daily Living | |  |  |  |  |
| Eating Disturbance | |  |  | |  |  |  | Medical | |  |  |  |  |
| Sleep | |  |  | |  |  |  | a. Life Threat | |  |  |  |  |
| Psychosis | |  |  | |  |  |  | b. Chronicity | |  |  |  |  |
| Depression | |  |  | |  |  |  | c. Diagnostic Complexity | |  |  |  |  |
| Anxiety | |  |  | |  |  |  | d. Emotional Response | |  |  |  |  |
| Somatization | |  |  | |  |  |  | e. Impairment in Functioning | |  |  |  |  |
| Behavioral Regression | |  |  | |  |  |  | f. Treatment Involvement | |  |  |  |  |
| Affect Dysregulation | |  |  | |  |  |  | g. Intensity of Treatment | |  |  |  |  |
| Suicide Risk | |  |  | |  |  |  | h. Organizational Complexity | |  |  |  |  |
| Non-Suicidal Self-Injurious Behavior | |  |  | |  |  |  | Physical | |  |  |  |  |
| Other Self Harm | |  |  | |  |  |  | Dental | |  |  |  |  |
| Exploited | |  |  | |  |  |  | Daily Functioning | |  |  |  |  |
|  | |  |  | |  |  |  | Life Skills | |  |  |  |  |
|  | |  |  | |  |  |  |  | |  |  |  |  |
| **BEHAVIORAL** | | **0** | **1** | | **2** | **3** |  | **BEHAVIORAL** (cont’d) | | **0** | **1** | **2** | **3** |
| Living Situation | |  |  | |  |  |  | Sexual Aggression | |  |  |  |  |
| Social Functioning - Peer | |  |  | |  |  |  | Delinquent Behavior | |  |  |  |  |
| Social Functioning - Adult | |  |  | |  |  |  | Runaway | |  |  |  |  |
| Legal | |  |  | |  |  |  | a. Frequency of Running | |  |  |  |  |
| a. Seriousness | |  |  | |  |  |  | b. Consistency of Destination | |  |  |  |  |
| b. History | |  |  | |  |  |  | c. Safety of Destination | |  |  |  |  |
| c. Arrests | |  |  | |  |  |  | d. Involvement in Illegal Activities | |  |  |  |  |
| d. Planning | |  |  | |  |  |  | e. Likelihood of Return on Own | |  |  |  |  |
| e. Community Safety | |  |  | |  |  |  | f. Involvement with Others | |  |  |  |  |
| f. Legal Compliance | |  |  | |  |  |  | g. Realistic Expectations | |  |  |  |  |
| g. Peer Influences | |  |  | |  |  |  | Intentional Misbehavior | |  |  |  |  |
| Sexual Development | |  |  | |  |  |  | Fire Setting | |  |  |  |  |
| Attendance | |  |  | |  |  |  | Bullying | |  |  |  |  |
| Behavior | |  |  | |  |  |  |  | |  |  |  |  |
| Achievement | |  |  | |  |  |  |  | |  |  |  |  |
| Relationships with Teachers | |  |  | |  |  |  |  | |  |  |  |  |
| Impulsive / Hyperactive | |  |  | |  |  |  |  | |  |  |  |  |
| Oppositional | |  |  | |  |  |  |  | |  |  |  |  |
| Conduct | |  |  | |  |  |  |  | |  |  |  |  |
| Anger Control | |  |  | |  |  |  |  | |  |  |  |  |
| Substance Use | |  |  | |  |  |  |  | |  |  |  |  |
| Danger to Others | |  |  | |  |  |  |  | |  |  |  |  |