**Child And Adolescent Needs and Strengths (CANS) 0-5**

**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 Full Name | | | | | | | | | Child’s Birthdate | | | | |
| Effective Date | Age at Time of Assessment | | | Current Caregiver’s Full Name | | | | | | | | | |
| **EMOTIONAL** | | **0** | **1** | | **2** | **3** |  | **PHYSICAL** | | **0** | **1** | **2** | **3** |
| Affect Regulation | |  |  | |  |  |  | Developmental | |  |  |  |  |
| Re-experiencing the Trauma | |  |  | |  |  |  | a. Cognitive | |  |  |  |  |
| Avoidance | |  |  | |  |  |  | b. Autism Spectrum | |  |  |  |  |
| Increased Arousal | |  |  | |  |  |  | c. Communication | |  |  |  |  |
| Numbing Responsiveness | |  |  | |  |  |  | d. Self-Care/Daily Living Skills | |  |  |  |  |
| Regulatory | |  |  | |  |  |  | Medical | |  |  |  |  |
| a. Eating | |  |  | |  |  |  | a. Life Threat | |  |  |  |  |
| b. Elimination | |  |  | |  |  |  | b. Chronicity | |  |  |  |  |
| c. Sensory Reactivity | |  |  | |  |  |  | c. Diagnostic Complexity | |  |  |  |  |
| d. Emotional Control | |  |  | |  |  |  | d. Emotional Response | |  |  |  |  |
| Sleep | |  |  | |  |  |  | e. Impairment in Functioning | |  |  |  |  |
| Attachment | |  |  | |  |  |  | f. Treatment Involvement | |  |  |  |  |
| Depression (Withdrawn) | |  |  | |  |  |  | g. Intensity of Treatment | |  |  |  |  |
| Anxiety | |  |  | |  |  |  | h. Organizational Complexity | |  |  |  |  |
|  | |  |  | |  |  |  | Physical | |  |  |  |  |
|  | |  |  | |  |  |  | Dental | |  |  |  |  |
| **BEHAVIORAL** | | **0** | **1** | | **2** | **3** |  | Daily Functioning | |  |  |  |  |
| Living Situation | |  |  | |  |  |  | Motor | |  |  |  |  |
| Social Functioning | |  |  | |  |  |  | Communication | |  |  |  |  |
| Recreation/Play | |  |  | |  |  |  | Failure to Thrive | |  |  |  |  |
| Preschool/Child Care | |  |  | |  |  |  | Labor and Delivery | |  |  |  |  |
| a. Attendance | |  |  | |  |  |  | Parent/Sibling Problems | |  |  |  |  |
| b. Compatibility | |  |  | |  |  |  |  | |  |  |  |  |
| c. Behavior | |  |  | |  |  |  |  | |  |  |  |  |
| d. Achievement | |  |  | |  |  |  |  | |  |  |  |  |
| e. Relationships with Teachers | |  |  | |  |  |  |  | |  |  |  |  |
| f. Relationships with Peers | |  |  | |  |  |  |  | |  |  |  |  |
| Atypical Behaviors | |  |  | |  |  |  |  | |  |  |  |  |
| Impulsive/Hyperactive | |  |  | |  |  |  |  | |  |  |  |  |
| Oppositional | |  |  | |  |  |  |  | |  |  |  |  |
| Pica | |  |  | |  |  |  |  | |  |  |  |  |
| Self-Harm | |  |  | |  |  |  |  | |  |  |  |  |
| Aggressive Behavior | |  |  | |  |  |  |  | |  |  |  |  |
| Intentional Misbehavior | |  |  | |  |  |  |  | |  |  |  |  |