



## Child and Adolescent Needs and Strengths (CANS) Frequently Asked Questions (FAQ) **Version 3**

---

### What is the CANS?

The Child and Adolescent Needs and Strengths (CANS) is a functional assessment tool developed to support decision-making, including treatment planning, facilitating quality improvement initiatives, and monitoring the outcomes of services. The tool collects information in a consistent manner and improves communication between those providing services and families receiving services. The CANS reviews the strengths and needs of a child/youth considering past behavior but focuses on the current needs to help the child/youth and family. The CANS has different sections, which have various items about the child/youth and family's life.

---

### Why the CANS?

The Department of Health Care Services (DHCS) is requiring all county Mental Health Plans to use functional assessment tools, including the Pediatric Symptoms Checklist (PSC-35) and the CANS. See [DHCS Information Notices](#) 17-052, 8-029, and 18-048.

**Decision-Making:** The CANS provides the child/youth's family and providers with information on what are their needs and strengths to help inform the treatment planning process as related to the Partnership Plan for Wellness. Since the tool is used over time, it is useful in informing decisions on transition needs to higher or lower level of care. The CANS helps to create a shared vision or common goal as it provides data on how or why a decision was made.

**Collaboration:** The CANS is a communication tool that aids collaboration, such as in collaborative treatment planning, across all systems the child/youth is involved by integrating data into one place, creating a common language.

**Outcomes:** The CANS can help the provider and family measure improvement towards goals and see how needs and strengths change. Data can be used to assess service strengths and gaps at the individual, program, and system levels.

---

### How was the CANS developed?

The CANS was developed from a communication perspective to facilitate the linkage between the assessment process and the design of individualized treatment plans. The six key principles guiding the CANS are:

- Items impact service planning.
  - The levels of each item translate immediately in action levels.
  - It is about the child/youth not about the service.
  - Always consider cultural and developmental contexts before establishing action levels.
  - It is about the 'what' not about the 'why'.
  - There is a 30-day window for ratings unless otherwise specified but this is just to keep the ratings 'fresh' and relevant to the child/youth's present circumstances.
- 

### How is the CANS completed?

The CANS is NOT a self-report questionnaire filled out by youth or family. The CANS is typically completed interview style with a provider who is certified and trained to use the tool.<sup>1</sup> Providers are encouraged to introduce the CANS early in the assessment process and complete the CANS together or discuss results during collaborative treatment planning with the family. For direction in completing the CANS, refer to the **CANS Manual** that includes details for each CANS item.

---

<sup>1</sup> Training is available from Contra Costa Behavioral Health Services.

Each item is rated on a 4-point scale: 0, 1, 2, and 3. Refer below.


The action levels for ratings for **need** items are:

- 0 – indicates no need for action.
- 1 – indicates a need for watchful waiting to see whether action is needed (i.e., flag it for later review to see if any circumstances change) or prevention planning.
- 2 – indicates a need for action (i.e., the need is sufficiently problematic, that it is interfering in the child/youth's or family's life in a notable way).
- 3 – indicates the need for either immediate or intensive action, dangerous or disabling levels of needs are rated with this level.

The action levels for ratings of **strengths** are:

- 0 – indicates a centerpiece strength. The focus of a strength-based plan.
- 1 – indicates a useful strength. It can be included in a strength-based plan.
- 2 – indicates an identified strength. It could be developed with significant strength building efforts to become useful.
- 3 – indicates no strength has been identified.

**What do the ratings mean?**

Needs				Strengths			
	Rating	Level of Need	Action Level		Rating	Level of Strength	Action Level
	0	No evidence of need	No action needed		0	Centerpiece strength	Central to planning
	1	Suspicion or history of need	Keep an eye on it or collect more information		1	Strength present	Useful in planning
	2	Need interferes with functioning	Take action/intervention needed		2	Identified strength	Needs building or development
	3	Intensive need, dangerous or disabling	Immediate and/or intensive action		3	No strength identified	Strength creation or identification may be indicated

**Which CANS do I complete?**

Contra Costa Behavioral Health Services (CCBHS) has their own version of the CANS. This form should be used. See pages 5-6 for directions on completing the paper forms.

**Who completes the CANS?**

Anyone who completes a CANS must be certified through the Praed Foundation by passing the online certification test. While the CANS itself can be completed by anyone who is certified, note that CCBHS initial and annual assessments require licensed or licensed eligible clinician to complete and bill.

**When is the CANS completed?**

Starting October 1, 2018, the CANS is completed at the beginning of treatment, every six-months following the first administration, and at the end of treatment (i.e., discharge) for youth receiving mental health services. The CANS is required as part of the initial and annual assessments. **It is required for children and youth through age 20.**

<b>At 6-months do I use the UR or Episode Opening Date track?</b>	Follow the UR track; add an additional requirement at the half-way (6-month) point of the track. For example, for a UR track that is January through December, providers can count June as the mid cycle, or "6 month" mark. Remember that a CANS and PSC-35 should not be completed earlier than 4 months or later than 8 months from the date the last CANS and/or PSC-35 was completed.
<b>What if there is an unplanned discharge?</b>	County staff have option to indicate administrative discharge in ccLink. Contract providers do not currently have this option, so the paper forms should reflect the most recent CANS with items update as needed.
<b>What if I don't see client at the 6-month reassessment period?</b>	There is a 4-month window for when the 6-month reassessment needs to be done; so the CANS and PSC-35 reassessment can be completed anytime between 4- and 8-months. Given this timeframe, school-based services should be able to do the reassessment CANS before or after the youth is on their summer vacation.
<b>What are collaboration expectations?</b>	In accordance with DHCS Information Notices 18-007 and 18-029, the CANS assessment results are to be used as a shared resource for team members as part of the Child and Family Team (CFT) process. In addition, if the child/youth is receiving mental health services from multiple providers (for example when a child is receiving school-based therapy and TBS) there is a similar expectation. Providers should share with each other completed CANS assessments and their resulting identified outcomes for children assessed and/or served. This is to avoid unnecessary duplication and over-assessment of children, youth, and non-minor dependents.
<b>How do I bill for the CANS and PSC-35?</b>	<p>For Initial and Annual CANS: The CANS is tied the assessment. Since it's an assessment activity, you must use the procedure code 331. In order to bill, the service provider must be licensed or licensed eligible (ASW, AMFT, Trainee or Waivered).</p> <p>For Initial and Annual PSC-35: This form is not completed by a provider but by the parent/caregiver. The provider can review it but would not bill for it specifically (i.e., there should not be a separate progress note); add the time to the "total time billed" for the assessment (if licensed) or plan development (if unlicensed).</p>
<b>What about medical necessity?</b>	<p>For the 6-month CANS and PSC-35: You can bill under assessment, review plan, or evaluation. Evaluation (procedure code 313) is used to assess functioning in the community, and licensure is not required for billing.</p> <p>In order to receive services in the system of care, the client must meet medical and service necessity criteria. The three parts of medical necessity are:</p> <ol style="list-style-type: none"> <li>1) an included DSM5/ICD10 code (and corresponding narrative)</li> <li>2) an impairment in an important area of life functioning</li> <li>3) a plan devised to deal with minimizing the impact of the impairment</li> </ol> <p>In order to received services at this level of care the client must have an impairment in an important area of life functioning that was deemed "moderate" or "severe". The CANS Life Functioning Doman should indicate that there is a significant enough problem to require care planning or to take immediate action. So if there is no significant impairment in any area of life functioning, then they are not appropriate for services.</p>

---

CANS and PSC-35 data currently must be submitted to two separate Contra Costa Behavioral Health departments: 1) CCBHS Utilization Review Unit for authorization and 2) CCBHS Quality Improvement/Assurance Unit for mandated data reporting and analysis.

CCBHS Utilization Review Unit conducts chart reviews for service authorization within specified timeframes and CANS and PSC-35 forms are required for clients in age range.

**Who do I send my CANS data to?**

CCBHS Quality Improvement/Assurance Unit is responsible for collecting, preparing, and submitting data to DHCS on behalf of the County. This Unit analyzes and shares CANS and PSC-35 data findings to inform practice and support quality improvement efforts. CCBHS is offering contracted providers the following short-term options to submit data.

Option 1: Providers submit completed Contra Costa CANS and PSC-35 forms by mail to: Quality Improvement & Assurance Unit, 1340 Arnold Dr., Suite 200, Martinez, CA 94553. See pages 5-6 for instructions on filling out the paper forms.

Option 2: Providers submit encrypted data files formatted using CCBHS data dictionaries.

---

**When do I submit my data?**

CCBHS began reporting all CANS and PSC-35 data to DHCS on the last day of the month starting February 2019 and on a monthly basis thereafter. In order to meet this DHCS deadline for reporting, all CANS and PSC-35 data are due to CCBHS on the 15th of each month for data gathered since last submission to give CCBHS sufficient time to prepare the data submission files for DHCS.

---

**Where is information on the PSC-35?**

Information can be found on our Outcomes Measures webpage at: <https://cchealth.org/mentalhealth/outcome-measures.php>. Included in the drop-down boxes on the right are forms, scoring instructions, one-page quick guide, and video training.

---

**Where can I find more information?**

For more information, visit the following webpages:

- Clinical Documentation – <https://cchealth.org/mentalhealth/clinical-documentation/>
  - Outcome Measures – <https://cchealth.org/mentalhealth/outcome-measures.php>
  - Quality Improvement & Quality Assurance – <https://cchealth.org/bhs/qiqa/>
-

# Completing and Submitting the Paper CANS Forms



## Child and Adolescent Needs and Strengths (CANS)

NAME / MRN

Dates should be in 00/00/0000 format

Facility/Program ID is your 1 to 4 digit facility ID and 2 to 3 digit program ID. Ex: 35/18

Remember that "Strengths" are scored differently

Fill items like this

...Not like this

Assessment Date:	DOB:	Gender:	Ethnicity:
Free/line ID:	Fac/Prog:		
Form Status: <input type="radio"/> Initial <input type="radio"/> Subsequent <input type="radio"/> Annual <input type="radio"/> Discharge			
AGES 6-21			
<b>BEHAVIORAL/EMOTIONAL NEEDS</b> 0=no evidence 1=history or suspicion; monitor 2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed		<b>CULTURAL FACTORS</b> 0=no evidence 1=history or suspicion; monitor 2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed	
1. Psychosis (Thought Disorder) 2. Impulsivity/Hyperactivity 3. Depression 4. Anxiety 5. Oppositional 6. Conduct 7. Anger Control 8. Substance Use <sup>A</sup> 9. Adjustment to Trauma <sup>B</sup>		30. Language 31. Traditions and Rituals 32. Cultural Stress	
<b>LIFE FUNCTIONING</b> 0=no evidence 1=history or suspicion; monitor 2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed		<b>STRENGTHS DOMAIN</b> 0=Centerpiece strength 1=Useful strength 2=Identified strength 3=No evidence	
10. Family Functioning 11. Living Situation 12. Social Functioning 13. Developmental/Intellectual		33. Family Strengths 34. Interpersonal 35. Educational Setting 36. Talents/Interests 37. Spiritual/Religious 38. Cultural Identity 39. Community Life 40. Natural Supports 41. Resiliency	

If any **bolded** items with a footnote are scored a 1, 2, or 3, you must complete the corresponding expanded modules on page 3 and/or 4. Ex: if **8. Substance Use** is scored 1, complete **A- Substance Use Module**

<b>A - SUBSTANCE USE MODULE</b> 0=no evidence 1=history or suspicion; monitor 2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed		<b>E - VIOLENCE MODULE</b> 0=no evidence 1=history or suspicion; monitor 2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed	
EC23. Severity of Use EC24. Escalation of Use EC25. Stage of Recovery EC26. Peer Influence EC27. Parental Influence EC28. Environmental Influence		VWE1. History of Physical Abuse VWE2. History of Violence VWE3. Witness to Domestic Violence VWE4. Witness to Environmental Violence Situational/Behavioral Risks VWE5. Bullying VWE6. Peer Pressure/Manipulation VWE7. Stareity VWE8. Peerhood Thinking VWE9. Secondary Status Risk VWE10. Violent Thinking Situational Factors VWE11. Access to Violence Potential VWE12. Response to Consequences VWE13. Commitment to Self-Control VWE14. Treatment Involvement	

Potentially Traumatic/Adverse Childhood Experiences domain should be completed for **ALL AGES** (0-5 and 6-20 clients)

The Early Childhood Module (items with an EC in front of it) should only be completed for clients ages 0-5

ALL AGES			
<b>POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES</b>			
No/no evidence Yes=Evidence of Trauma No Yes T1. Sexual Abuse <sup>A</sup> T2. Physical Abuse T3. Emotional Abuse T4. Neglect T5. Medical Trauma T6. Witness to Family Violence		No/no evidence Yes=Evidence of Trauma No Yes T7. Witness to Community/School Violence T8. Natural or Manmade Disaster T9. War/Terrorism Affected T10. Victim/Witness to Criminal Activity T11. Disrupt in Caregiving/Attachment Losses T12. Parental Criminal Behavior	
AGES 0-5 (EARLY CHILDHOOD MODULE)			
<b>CHALLENGES</b> 0=no evidence 1=history or suspicion; monitor 2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed		<b>STRENGTHS</b> 0=Centerpiece strength 1=Useful strength 2=Identified strength 3=No evidence	
EC1. Impulsivity/Hyperactivity EC2. Depression EC3. Anxiety EC4. Oppositional EC5. Attachment Difficulties EC6. Adjustment to Trauma EC7. Regulatory EC8. Atypical Behaviors EC9. Sleep		EC25. Family Strengths EC26. Interpersonal EC27. Natural Supports EC28. Resiliency EC29. Relationship Permanence EC30. Playfulness EC31. Family Spiritual/Religious	
<b>FUNCTIONING</b> 0=no evidence 1=history or suspicion; monitor 2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed		<b>DYADIC CONSIDERATIONS</b> 0=no evidence 1=history or suspicion; monitor 2=interferes with functioning; action needed 3=disabling, dangerous; immediate or intensive action needed	

**CORRECT**

NAME / MRN

ALL AGES

**POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES**

No/evidence	Yes-Evidence of Trauma	
	No	Yes
T1. Sexual Abuse*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T4. Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T5. Medical Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>

No/evidence	Yes-Evidence of Trauma	
	No	Yes
T7. Witness to Community/School Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T11. Disrupt in Caregiving/Attachment Losses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T12. Parental Criminal Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AGES 0-5 (EARLY CHILDHOOD MODULE)

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC1. Irritability/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC9. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC11. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC12. Social/Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC14. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC15. Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC16. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC25. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC26. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC27. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC28. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC29. Relationship Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC30. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC31. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC32. Emotional Resp. of Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC33. Caregiver Att. to Trauma Exp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS

A. Caregiver Name: \_\_\_\_\_

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC34. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC35. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Squares should be filled in with black ink

If a module or section does not apply, leave it blank

**INCORRECT**

NAME / MRN

ALL AGES

**POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES**

No/evidence	Yes-Evidence of Trauma	
	No	Yes
T1. Sexual Abuse*	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T2. Physical Abuse	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T3. Emotional Abuse	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T4. Neglect	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T5. Medical Trauma	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T6. Witness to Family Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>

No/evidence	Yes-Evidence of Trauma	
	No	Yes
T7. Witness to Community/School Violence	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T8. Natural or Manmade Disaster	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T9. War/Terrorism Affected	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T10. Victim/Witness to Criminal Activity	<input checked="" type="checkbox"/>	<input type="checkbox"/>
T11. Disrupt in Caregiving/Attachment Losses	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T12. Parental Criminal Behavior	<input type="checkbox"/>	<input checked="" type="checkbox"/>

AGES 0-5 (EARLY CHILDHOOD MODULE)

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC1. Irritability/Hyperactivity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC2. Depression	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC3. Anxiety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC4. Oppositional	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC5. Attachment Difficulties	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC6. Adjustment to Trauma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC7. Regulatory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC8. Atypical Behaviors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC9. Sleep	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC10. Family Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC11. Early Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC12. Social/Emotional Functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC13. Developmental/Intellectual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC14. Medical/Physical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC15. Self-Harm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC16. Exploited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC25. Family Strengths	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC26. Interpersonal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC27. Natural Supports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC28. Resiliency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC29. Relationship Performance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC30. Playfulness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC31. Family Spiritual/Religious	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC32. Emotional Resp. of Caregiver	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC33. Caregiver Att. to Trauma Exp.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAREGIVER RESOURCES AND NEEDS

A. Caregiver Name: \_\_\_\_\_

0=no evidence 2=interferes with functioning; action needed	1=history or suspicion; monitor 3=disabling, dangerous; immediate or intensive action needed			
	0	1	2	3
EC34. Supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
EC35. Involvement with Care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you make a mistake complete a new form

Do not cross out or mark sections