

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)**ARKANSAS 5+**

Child's Name: Tamela Boyers		DOB:	06/29/2001		
Caregiver(s):	Ernest Boyers Esther Boyers	Gender:	Female		
		Form Status:	Initial	Subsequent	Discharge
		Case Name:	BOYERS - E		
		Case Number:	22408523		
Assessor: Super One		Assessment Creation:	07/25/2018		

☐ Unable to Locate Child/Adolescent

☐ No Caregivers Identified
CHILD STRENGTHS
**Please note only for the Strengths section 3 is "no evidence"*

0=Centerpiece strength	1=Useful strength			
2=Identified strength	3=No evidence			
	0	1	2	3
Family-Nuclear	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Family Extended	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Interpersonal	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Educational	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Talents/Interests	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Spiritual/Religious	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Community Life	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Relationship Permanence	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Child Involvement with Care	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Natural Supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Adaptability	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Building Relationships	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resilience	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

SCHOOL

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
School Behavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
School Achievement	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
School Attendance	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Special Education	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD BEHAVIORAL/EMOTIONAL NEEDS

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Psychosis	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Attachment	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Impulsivity/Hyperactivity	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Depression	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anxiety	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Oppositional	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Conduct	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Adjustment to Trauma	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Anger Control	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use ⁴	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LIFE DOMAIN FUNCTIONING

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Family-Nuclear	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Family Extended	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Living Situation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sleep	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Functioning-Peer	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Social Functioning-Adult	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Sexual Development	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental ²	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Communication	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Cultural ³	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Medical	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Physical Health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Daily Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
ARKANSAS 5+

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		Case Name:	BOYERS - E		
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CHILD RISK BEHAVIORS					
0=no evidence	1=history, mild, suspicion				
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed				
	0	1	2	3	
Suicide Risk	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-Injurious Behaviors	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Other Self-Harm	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Danger to Others	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Aggression	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Runaway ⁵	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Delinquent Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Sexual Reactive Behavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Bullying	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Intentional Misbehavior	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Aggressive Behavior	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Exploited	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

TRAUMA				
Characteristics of Traumatic Experience				
<i>Please rate over the lifetime</i>				
N (No) Evidence of Trauma	Y (Yes) Evidence of Trauma			
S (Suspected) Suspicion of Trauma	N	Y	S	
Sexual Abuse ⁶	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Physical Abuse	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Emotional Abuse	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Neglect	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Medical Trauma	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Natural or Man-Made Disaster	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness to Family Violence	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Witness to Community/School Violence	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Witness/Victim to Criminal Activity	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
War/Terrorism Affected	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Disruption In Caregiver	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	
Grief and Loss	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	

MODULES	
<i>Complete any specific module only if indicated on the initial page</i>	
¹ Transition Age Module-Triggered by DOB	
² Developmental Needs (DN) Module	
³ Acculturation Module	
⁴ Substance Use Needs (SUM) Module	
⁵ Runaway Module	
⁶ Sexual Abuse Module	

TRANSITIONAL AGE MODULE				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Independent Living Skills	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer/Social Experiences	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Health Management & Maintenance	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Self-Care	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Resiliency	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Resourcefulness	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Caregiving Roles	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Military Transitions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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		Case Number:	22408523		
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MODULES

DEVELOPMENTAL NEEDS (DN) MODULE					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3	
Cognitive	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Social/Emotional Development	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Self-Care/Daily Living	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

ACCUSETATION MODULE					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3	
Language	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Identity	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Ritual	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SUBSTANCE USE NEEDS (SUD) MODULE					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3	
Frequency of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Readiness to Change	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Recovery Environment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Relapse Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

RUNAWAY MODULE					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3	
Frequency of Running	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Consistency of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Safety of Destination	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement in Illegal Activities	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Likelihood of Return on Own	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Duration of Run Episodes	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Planning	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Involvement with Others	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Realistic Expectations	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	

SEXUAL ABUSE MODULE					
0=no evidence		1=history, mild, suspicion			
2=moderate, action needed		3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3	
Emotional Closeness to Perpetrator	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Frequency of Abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Duration	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	
Physical Force	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	
Reaction to Disclosure	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)

ARKANSAS 5+

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Assessor: Super One		Assessment Creation:	07/25/2018		

☐ Unable to Locate Caregiver

Caregiver A				
Ernest Boyers				
PERMANENCY PLANNING CAREGIVER STRENGTHS AND NEEDS				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Supervision	●	○	○	○
Parenting Skills	○	○	○	●
Knowledge of Child	○	○	○	●
Knowledge of Rights & Responsibilities	●	○	○	○
Organization	●	○	○	○
Social Resources	●	○	○	○
Residential Stability	●	○	○	○
Empathy with Children	○	○	○	●
Boundaries	○	○	○	●
Involvement	●	○	○	○
Posttraumatic Reactions	●	○	○	○
Knowledge of Family/Child Needs	○	○	○	●
Knowledge of Service Options	●	○	○	○
Ability to Listen	●	○	○	○
Ability to Communicate	●	○	○	○
Satisfaction with Services Arrangement	●	○	○	○
Physical Health	●	○	○	○
Mental Health	○	○	●	○
Substance Use	●	○	○	○
Developmental	●	○	○	○
Accessibility to Child Care Services	●	○	○	○
Family Stress	●	○	○	○
Employment/Educational Functioning	●	○	○	○
Educational Attainment	●	○	○	○
Legal	○	○	○	●
Financial Resources	●	○	○	○
Transportation	●	○	○	○
Safety	○	○	○	●
Marital/Partner Violence	○	○	○	●

MODULES

Complete any specific module only if indicated on the initial page

7 Substance User Disorder (SUD) Module-Caregiver

SUBSTANCE USE DISORDER (SUD) MODULE-CAREGIVER				
0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Severity of Use	○	○	○	○
Duration of Use	○	○	○	○
Stage of Recovery	○	○	○	○
Peer Influences	○	○	○	○
Environmental Influences	○	○	○	○

CHILD AND ADOLESCENT NEEDS AND STRENGTHS (CANS)
ARKANSAS 5+

Child's Name: Tamela Boyers		DOB:	06/29/2001		
Caregiver(s):	Ernest Boyers Esther Boyers	Gender:	Female		
		Form Status:	Initial	Subsequent	Discharge
		Case Name:	BOYERS - E		
		Case Number:	22408523		
Assessor: Super One		Assessment Creation: 07/25/2018			

☐ Unable to Locate Caregiver

Caregiver B

Esther Boyers

PERMANENCY PLANNING CAREGIVER STRENGTHS AND NEEDS

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Supervision	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Parenting Skills	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Knowledge of Child	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Knowledge of Rights & Responsibilities	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Organization	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Social Resources	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Residential Stability	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Empathy with Children	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Boundaries	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Involvement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Posttraumatic Reactions	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Knowledge of Family/Child Needs	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Knowledge of Service Options	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ability to Listen	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Ability to Communicate	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Satisfaction with Services Arrangement	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Physical Health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mental Health	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Substance Use	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Developmental	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Accessibility to Child Care Services	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Family Stress	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employment/Educational Functioning	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Educational Attainment	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Legal	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Financial Resources	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Transportation	<input checked="" type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Safety	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Marital/Partner Violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

MODULES

Complete any specific module only if indicated on the initial page

7 Substance User Disorder (SUD) Module-Caregiver

SUBSTANCE USER DISORDER (SUD) MODULE-CAREGIVER

0=no evidence	1=history, mild, suspicion			
2=moderate, action needed	3=severe, disabling, dangerous, immediate action needed			
	0	1	2	3
Severity of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Duration of Use	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Stage of Recovery	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Peer Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Environmental Influences	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>