

Client: _____ _ Client #: _____ Assessment Date: _____ Assessment Type: Initial Reassessment Discharge Administrative Close Urgent Caregiver Name Relationship: Child has no known caregiver. Skip Caregiver Needs Domain KEY: 0=Centerpiece 1=Useful Strength 2=Potential Strength 3=Not Identified/No Evidence STRENGTHS DOMAIN 0123 Community Life/Connectedness 0123 Family Interpersonal/Social Connectedness Natural Supports 0123 0123 **Resiliency-Persistence & Adaptability** 0123 Optimism 0123 Special Skills/Talents/Interests 0123 Resourcefulness 0123 Educational/Vocational 0123 Career Aspirations 0123 Cultural Identity 0123 0123 Work History Volunteering 0123 Job Relations 0123 Job History 0123 Routine 0123 Spiritual/Religious 0123

ANSA 21+

KEY:	0=No Evidence	1=history or suspicion; monitor	2 = Interferes with Functioning; Action Needed	3=Disabling, Dangerous; Immediate or Intensive Action Needed
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LIFE	DOMAIN	FUNCTI	ONING
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	Intellectual/Developmental (IQ) Self Care/Independent Daily Living Medical/Physical Primary Care Physical Connected Chronic Health Conditions Medical/ER Hospital Visits Family Functioning Social Functioning Sleep Medication Involvement	0123 0123 0123 0123 0123 0123 0123 0123	Recreational Legal Sexuality/Sexual Development Residential Stability Decision Making Involvement in Recovery Transportation Parental/Caregiving Role Employment/Job Functioning	0 1 2 3 0 1 2 3
_		0125		
С	ULTURAL FACTORS			
	Language	0123	Traditions and Rituals	0123
			Cultural Stress	0123
С	AREGIVER NEEDS			
	Supervision	0123	Housing/Residential Stability	0123
	Involvement with Care	0123	Safety	0123
	Medical/Physical Health	0123	Family Stress	0123
	Knowledge	0123	Mental Health	0123
	Organization	0123	Substance Use	0123
	Social Resources	0123	Developmental	0123

MENTAL HEALTH - BEHAVIORAL/EMOTIONAL NEEDS

Psychosis	0123	Anxiety	0123
Cognition	0123	Conduct/Antisocial Behavior	0123
Impulse Control	0123	Mania	0123
Anger Control	0123	Interpersonal Problems	0123
Eating Disturbance	0123	Adjustment to Trauma	0123
Depression	0123		

POTENTIALLY TRAUMATIC/ADVERSE CHILDHOOD EXPERIENCES

	Neglect Sexual Abuse Sexual Abuse Parent/Caregiver Mental Illness Parent/Caregiver Substance Abuse		Ý H H		Disrupt. in Caregiving/Attach Losses Physical Abuse Witness to Family Violence Parent Criminal Behaviors			
_	Medical Trauma Witness to Community War/Terrorism Affec				Natural or Manmad Witness/Victim - Cri		Β	Η
KEY:	0=No Evidence	1=history or suspicion; monitor		= Interferes ction Neede	with Functioning; d	3=Disabling, Dangero Immediate or Intensiv Needed		
	SUBSTANCE USE							
	Substance Use Severity of Use Duration of Use Stage of Recovery		0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3 0 1 2 3		Peer Influence Environmental I Recovery Supp	nfluences ort in Community	0 1 2 3 0 1 2 3 0 1 2 3	
	RISK BEHAVIORS Self Harm Other Self Harm/Reck Danger to Self Suicide History Danger to Others History of Violence Paranoid Thinking	lessness	0 1 2 3 0 1 2 3		Hostility Sexual Aggressior Delinquency/Crimi Victimization/Explo Sexually Inapprop Other Addictive Be Fire Setting	nal Behavior pitation riate Behavior	0 1 2 3 0 1 2 3	

NOTES: (please enter any significant information into your progress note in Avatar)