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| [ ]  Initial [ ]  Re-assessment [ ]  Discharge |

**Illinois Medicaid Comprehensive Assessment of Needs and Strengths (IM+CANS)**

**Addendum 2 – Caregiver Resources and Needs**

**Please note: This addendum must be completed for any client who has a legal guardian.**

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| **23. GENERAL INFORMATION - CAREGIVER ADDENDUM**  |
| **Client First and Last Name** | **RIN** | **Staff Completing Form** | **Date Completed** |
|       |       |       |       |
| **23a. CAREGIVER RESOURCES & NEEDS** |
| **Caregiver Name:**       | **Caregiver Relationship to Client:**       |
| **Additional Primary Caregivers:**       |
| **CAREGIVER RESOURCES & NEEDS** |  **0 1 2 3** |  |  | **n/a 0 1 2 3**  |
| Supervision  |  [ ]  [ ]  [ ]  [ ]  |  | Safety  |  [ ]  [ ]  [ ]  [ ]  |
| Involvement with Care |  [ ]  [ ]  [ ]  [ ]  |  | Family Stress  |  [ ]  [ ]  [ ]  [ ]  |
| Knowledge |  [ ]  [ ]  [ ]  [ ]  |  | Marital/Partner Violence in the Home  |  [ ]  [ ]  [ ]  [ ]  |
| Social Resources  |  [ ]  [ ]  [ ]  [ ]  |  | Military Transitions |  [ ]  [ ]  [ ]  [ ]  |
| Financial Resources |  [ ]  [ ]  [ ]  [ ]  |  | Self-Care/Daily Living Skills |  [ ]  [ ]  [ ]  [ ]  |
| Residential Stability |  [ ]  [ ]  [ ]  [ ]  |  | Employment/Educational Functioning |  [ ]  [ ]  [ ]  [ ]  |
| Medical/Physical |  [ ]  [ ]  [ ]  [ ]  |  | Legal Involvement |  [ ]  [ ]  [ ]  [ ]  |
| Mental Health |  [ ]  [ ]  [ ]  [ ]  |  | 0-21: Family Relationship to the System |  [ ]  [ ]  [ ]  [ ]  |
| Substance Use  |  [ ]  [ ]  [ ]  [ ]  |  | 0-21: Accessibility to Child Care | [ ]  [ ]  [ ]  [ ]  [ ]  |
| Developmental |  [ ]  [ ]  [ ]  [ ]  |  | 0-21: Empathy with Children | [ ]  [ ]  [ ]  [ ]  [ ]  |
| Organization |  [ ]  [ ]  [ ]  [ ]  |  |  |  |
| **Supporting Information:** Provide additional information on caregiver strengths (some items rated 0 and 1) and needs (rated 2 and 3).       |