

County of San Diego Behavioral Health Services

CANS Sharing Confirmation

To be completed for Children and Youth up to age 21:

1. CANS Assessment information was incorporated in the Client Plan

☐ Yes ☐ No If no, please explain:

2. The following approach was utilized to review assessment or reassessment impressions with the family (minimum one option):

A. ☐ CANS Family Letter was discussed with☐ Child/Youth on☐ Parent/Caregiver onB. ☐ CANS Assessment Tool was discussed with☐ Child/Youth On☐ Parent/Caregiver on☐ Discussion occurred in CFT meeting datedC. ☐ CANS Assessment Summary Form was discussed with☐ Child/Youth on☐ Parent/Caregiver onD. ☐ Assessment/Reassessment impressions were discussed with☐ Child/Youth on☐ Parent/Caregiver onE. ☐ Assessment/Reassessment Impressions were not discussed with☐ Child/Youth due to:☐ Parent/Caregiver due to:3. Client is a dependent/ward ☐ No ☐ Yes If yes, CANS form was provided to:☐ PSW on☐ Probation Officer on☐ Not provided due to: