|  |
| --- |
| 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.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **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). | | | | | | |