

# Questionnaire: Child Assertive Community Treatment (ACT)

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## Child Assertive Community Treatment (ACT)

1. *What tool was completed?*

(Please select one.)

CANS  ASQ  YOQ  CAFAS  LOCUS  PECFAS

**If you answered "CANS" on question 1**

1.1.1. *CANS Score:*

1.1.2. *Date of CANS assessment:*

**If you answered "YOQ" on question 1**

1.2.1. *YOQ Score:*

1.2.2. *Date YOQ completed:*

**If you answered "CAFAS" on question 1**

1.2.1. *CAFAS Score:*

1.2.2. *Date CAFAS completed:*

2. *Provide rationale why member requires a multidisciplinary team available seven days per week, twenty four hours per day:*

3. *Is the member at clear risk for psychiatric hospitalization or residential treatment or admission to a crisis stabilization unit?*

(Please select one.)

- Yes
- No

**If you answered "Yes" on question 3**

3.1.1. *Please Explain:*

**If you answered "No" on question 3**

3.2.1. *Please Explain:*

4. *Has member been discharged from a psychiatric hospital, residential treatment facility, or a crisis stabilization unit within the past month?*

(Please select one.)

- Yes
  - No
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