## State of New Jersey - Department of Children and Families

## Application for Determination of Eligibility for Children Under Age 18 with Developmental Disabilities

## Form B: Child Adaptive Behavior Summary

The Child Adaptive Behavior Summary (CABS) is intended to gather information about the child's **typical** functioning within the last 6 months. It should be completed by the child's primary caregiver (the person who is most familiar with the child) and reflect, to the extent possible, how the child acts and reacts in common daily routines at home, in school, and in the community. It gives a broader picture of the impact of the child's disability on daily life for both the child and the caregiver. It **supplements** but does not replace information and documentation you must submit from the child's health care providers about the child's strengths, abilities, and needs.

Please check the box that **best** describes the frequency that the child does the following actions or behaviors. Please answer all of the statements. If you are unable to comment because you have not observed the behavior or believe that it does not apply to your child, please indicate it as a "no" as appropriate. Write any comments at the end of each section, unless indicated otherwise. Comments may include additional information about items in each section such as intensity, triggers, and whether the child's current functioning has improved or gotten worse compared to past abilities.

# Child Adaptive Behavior Summary (CABS) Section of Application

Child's Name: _____ Current Age: _____
First name Middle initial Last name

ABS completed by: _____ Date completed: _____

Relationship: _____ Phone number: _____

## SECTION I: ACTIVITIES OF DAILY LIVING

Remember to rate the child's average functioning **at home** within the last **6 months**. You may indicate in the comment boxes any additional information such as intensity, triggers, and whether the child's current functioning has improved or gotten worse compared to past abilities.

| **EATING** | **1** Mostly Independent | **2** Needs Verbal Prompts Less Than Half of the Time | **3** Needs Verbal Prompts More Than Half of the Time | **4** Needs Physical Assistance Less Than Half of the Time | **5** Needs Physical Assistance More Than Half of the Time | **N/A** Not Applicable |
|---|---|---|---|---|---|---|
| 1. Eats with fingers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Feeds self with a spoon | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Feeds self with fork | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Cuts food with a knife | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Drinks from a cup or glass | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments/Additional Information: (Briefly explain any N/A responses) | | | | | | |

| **TOILETING** | **1** Mostly Independent | **2** Needs Verbal Prompts Less Than Half of the Time | **3** Needs Verbal Prompts More Than Half of the Time | **4** Needs Physical Assistance Less Than Half of the Time | **5** Needs Physical Assistance More Than Half of the Time | **N/A** Not Applicable |
|---|---|---|---|---|---|---|
| 1. Identifies when to use toilet | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Toilets Self | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Wipes self with toilet paper. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Washes hands after toileting. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. (Females) Takes care of menstrual needs. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Any bladder accidents - Day Time | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Any bladder accidents - Night time | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Any bowel accidents - Day time | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Any bowel accidents - Night time | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. Use any incontinence products (diapers or similar) | ☐ Yes | ☐ No | **IF YES:** Check time(s) of day: ☐ Day time ☐ Night time | | | |
| Comments/Additional Information: (Briefly explain any N/A responses) | | | | | | |

| **HYGIENE** | **1** Mostly Independent | **2** Needs Verbal Prompts Less Than Half of the Time | **3** Needs Verbal Prompts More Than Half of the Time | **4** Needs Physical Assistance Less Than Half of the Time | **5** Needs Physical Assistance More Than Half of the Time | **N/A** Not Applicable |
|---|---|---|---|---|---|---|
| 1.Turns on/regulates water temperature | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Washes and dries hands | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Washes and dries face | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Bathes self in bathtub | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Bathes self in shower | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Shampoos hair | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Dries self | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Uses deodorant | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| HYGIENE | 1 Mostly Independent | 2 Needs Verbal Prompts Less Than Half of the Time | 3 Needs Verbal Prompts More Than Half of the Time | 4 Needs Physical Assistance Less Than Half of the Time | 5 Needs Physical Assistance More Than Half of the Time | N/A Not Applicable |
|---|---|---|---|---|---|---|
| 9. Combs/brushes hair | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. Puts toothpaste on brush | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. Brushes own teeth | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12. Blows and wipes nose with tissue | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13. Shaves self as needed | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments/Additional Information: (Briefly explain any N/A responses) | | | | | | |

| DRESSING | 1 Mostly Independent | 2 Needs Verbal Prompts Less Than Half of the Time | 3 Needs Verbal Prompts More Than Half of the Time | 4 Needs Physical Assistance Less Than Half of the Time | 5 Needs Physical Assistance More Than Half of the Time | N/A Not Applicable |
|---|---|---|---|---|---|---|
| 1. Undresses self – (appropriately) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Can fasten buttons | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Can put on clothes with snaps | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Can pull up/down zippers | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. Fastens a buckle (i.e., belt buckle) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. Hooks own bra | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. Ties shoes | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8. Dresses self completely | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9. Changes clothing regularly | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10. Selects seasonal clothing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11. Removes socks, hat, and mittens | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Comments/Additional Information: (Briefly explain any N/A responses) | | | | | | |

## SECTION II: Communications and Social Behaviors

Remember to rate the child's average functioning **at home, in school, and in the community** within the **last 6 months**. You may indicate in the comment boxes any additional information such as intensity, triggers, and whether the child's current functioning has improved or gotten worse compared to past abilities.

| COMMUNICATION SKILLS | 1 Almost Never (less than 10% of the time) | 2 Infrequently (less than 25% of the time) | 3 Sometimes (about 50% of the time) | 4 Frequently (More than 75% of the time) | 5 Most/all of the time (90% or more of the time) |
|---|---|---|---|---|---|
| 1. Responds appropriately to 'Yes' and 'No' questions. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. Follows simple directions. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. Follows complex or multistep directions. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. Communicates basic wants and needs. | ☐ | ☐ | ☐ | ☐ | ☐ |

| YES/NO RESPONSE SET: | YES | NO | Comment for each below: |
|---|---|---|---|
| 5. Uses gestures to communicate (such as pointing). | ☐ | ☐ | |
| 6. Uses sign language to communicate. | ☐ | ☐ | |
| 7. Understands gestures. | ☐ | ☐ | |
| 8. Understands signs or sign language. | ☐ | ☐ | |
| 9. Answers/able to use a telephone. | ☐ | ☐ | |
| 10. Does child use any assistive devices for communication? | ☐ | ☐ | |

| SOCIAL BEHAVIORS | YES | NO | COMMENTS |
|---|---|---|---|
| Does child have hobbies she or he enjoys? | ☐ | ☐ | |
| Child has the ability to independently make friends and maintain friendships. | ☐ | ☐ | |
| Child is able to sustain a meaningful conversation with his/her same age peers. | ☐ | ☐ | |
| Child exhibits interest in spending time with peers close in age. | ☐ | ☐ | |
| Child keeps secret appropriately and is careful about sharing personal information. | ☐ | ☐ | |
| Child is able to exhibit sympathy and concern for the feelings of friends. | ☐ | ☐ | |
| Child is able to express him/herself when necessary. | ☐ | ☐ | |
| Child is able to appropriately manage anger and frustration. | ☐ | ☐ | |

| OTHER AREAS OF FUNCTIONING | YES | NO | COMMENTS |
|---|---|---|---|
| 1. Child is able to identify preferences (food, TV shows, games). | ☐ | ☐ | |
| 2. Child can plan & anticipate future events. | ☐ | ☐ | |
| 3. Child will seek assistance from others when needed. | ☐ | ☐ | |
| 4. Child is able to take trash out and place in appropriate container. | ☐ | ☐ | |
| 5. Child will point to a favorite or interesting object. | ☐ | ☐ | |
| 6. Child has hobbies of interest. | ☐ | ☐ | |
| 7. Child can set & carry out plans. | ☐ | ☐ | |
| 8. Child is able to master simple tasks. | ☐ | ☐ | |
| 9. Child is capable of cleaning their own room (putting objects away). | ☐ | ☐ | |
| 10. Child seeks peer companions for play. | ☐ | ☐ | |
| 11. Child can tell time on digital clock or watch. | ☐ | ☐ | |
| 12. Child Is 3 or more grade levels behind in 2 academic subjects. | ☐ | ☐ | |
| 13. Child can communicate primary home address. | ☐ | ☐ | |
| 14. Child can identify objects in pictures by pointing or naming. | ☐ | ☐ | |
| 15. Child can count from 1 to 10 without mistakes. | ☐ | ☐ | |
| 16. Child can match 3 shapes or 3 colors. | ☐ | ☐ | |
| 17. Child can identify at least 7 colors. | ☐ | ☐ | |
| 18. Child can use time to follow a schedule. | ☐ | ☐ | |
| Additional Comments: | | | |

| COMMUNITY AWARENESS | YES | NO | COMMENTS |
|---|---|---|---|
| 1. What activities in the community does the child participate in? | | | |
| 2. Does the child demonstrate appropriate behavior during these activities? | ☐ | ☐ | |
| 3. Is the child aware of ordinary household dangers such as stairs, cleaning liquids, heaters, stoves and fireplaces? | ☐ | ☐ | |
| 4. Does the child demonstrate awareness of community dangers like road traffic, over-friendliness to strangers? | ☐ | ☐ | |
| 5. Can the child make purchases? | ☐ | ☐ | |
| 6. Can the child use public transportation? | ☐ | ☐ | |
| 7. Can the child tell time? | ☐ | ☐ | |
| 8a. Does the child self-administer any prescribed medication? | ☐ | ☐ | |
| 8b. Describe method of administering medication: | | | |
| 9. Can this person be left alone/unsupervised for any length of time? | ☐ | ☐ | |
| 10. Describe the assistance the child needs to manage money (paying bills, budgeting, etc.) | | | |
| Comments: | | | |

## SECTION III: Medical and Behavioral Factors

Remember to rate the child's average functioning **at home** within the last **6 months**. You may indicate in the comment boxes any additional information such as intensity, triggers, and whether the child's current functioning has improved or gotten worse compared to past abilities.

For Medical Risk Conditions, indicate "yes" only if they have experienced symptoms in the past 6 months, regardless of date of diagnoses. If the child has a past history of the condition/treatment, but does not currently, please indicate "no" but include details of the history in the comments.

For the section on Trauma and Risk History, please indicate yes if the child has **ever** experienced the item listed. If the child has experienced other types of trauma, please indicate that in the appropriate comment box.

| MEDICAL RISK CONDITIONS | YES | NO | COMMENTS |
|---|---|---|---|
| 1. Allergies (Medication, Food) | ☐ | ☐ | |
| 2. Asthma (inhalers, nebulizers) | ☐ | ☐ | |
| 3. Respiratory/ (oxygen, tracheotomy, CPAP) | ☐ | ☐ | |
| 4. Gastro-intestinal (feeding/elimination Issues; severe reflux) | ☐ | ☐ | |
| 5. Uses colostomy | ☐ | ☐ | |
| 6. At risk for aspiration | ☐ | ☐ | |
| 7. Uses G-Tube | ☐ | ☐ | |
| 8. Coughs or chokes while eating or drinking | ☐ | ☐ | |
| 9. Someone else must put food/liquids in mouth | ☐ | ☐ | |
| 10. Needs mechanically altered diet (thickened, chopped/puréed) | ☐ | ☐ | |
| 11. Needs medically prescribed diet (fat, sodium, cholesterol) | ☐ | ☐ | |
| 12. Displays extreme food/liquid-seeking behaviors | ☐ | ☐ | |
| 13. Dehydration risk/regularly refuses liquids | ☐ | ☐ | |
| 14. Constipation: regularly requires suppository or enema | ☐ | ☐ | |
| 15. Requires catheter, dialysis (kidney/urinary disease, etc.) | ☐ | ☐ | |
| 16a. Epilepsy/seizure disorder? If yes, Type | ☐ | ☐ | |
| 16b. Is youth prescribed medication for seizures? | ☐ | ☐ | |
| 16c. Date of last seizure, type of seizures, frequency: | | | |

| | | | |
|---|---|---|---|
| 17a. Diabetes? If yes, Type: | ☐ | ☐ | |
| 17b. Is youth Insulin dependent? | ☐ | ☐ | |
| 18. Does child receive in-home specialized nursing care? | ☐ | ☐ | |
| 19. Other medical conditions requiring assistance: LIST BELOW IN COMMENTS.<br>Comments: | | | |

| BEHAVIORAL RISKS | YES | NO | COMMENTS |
|---|---|---|---|
| **Behaviors (Directed at Self)** | | | **Include frequency and triggers** |
| 1. Biting/hitting oneself severely | ☐ | ☐ | |
| 2. Head Banging | ☐ | ☐ | |
| 3. Inserting harmful objects into body orifices | ☐ | ☐ | |
| 4. Skin picking or severe scratching | ☐ | ☐ | |
| 5. Pica/consumption of non-edibles | ☐ | ☐ | |
| 6. Other: | ☐ | ☐ | |
| **Behaviors (Directed at Others)** | | | **Include frequency, triggers and which individuals are targeted (i.e., parent, sibling, teacher, strangers)** |
| 7. Hitting, biting, or kicking others | ☐ | ☐ | |
| 8. Making direct threats of violence | ☐ | ☐ | |
| 9. Explosive anger/aggression | ☐ | ☐ | |
| 10. Severe defiance/consistent refusal or noncompliance with directions | ☐ | ☐ | |

| OTHER BEHAVIORS | YES | NO | If Yes, describe what treatment/services child is receiving, if any |
|---|---|---|---|
| 11. Substance Use | ☐ | ☐ | |
| 12. Criminal Legal involvement | ☐ | ☐ | |
| 13. Problem sexual behavior | ☐ | ☐ | |
| 14. Impulsive running off | ☐ | ☐ | |
| 15. Frequent wandering away | ☐ | ☐ | |
| 16. Unusual climbing behaviors | ☐ | ☐ | |
| 17. Property damage | ☐ | ☐ | |
| 18. Fire setting | ☐ | ☐ | |
| 19. Other: | ☐ | ☐ | |

| TRAUMA AND RISK CONDITIONS | YES | NO | Comments |
|---|---|---|---|
| 1. History of physical abuse. | ☐ | ☐ | |
| 2. History of sexual abuse. | ☐ | ☐ | |
| 3. History of being bullied. | ☐ | ☐ | |
| 4. History of serious losses such as death of a sibling or parent. | ☐ | ☐ | |
| 5. History of removal from home due to abuse or neglect. | ☐ | ☐ | |
| **Mental Health Concerns** | **YES** | **NO** | **If Yes, describe what treatment/services child is receiving, if any** |
| 6. Depression (hopelessness, sadness, mood swings). | ☐ | ☐ | |
| 7. Anxiety (excessing worry, panic attacks). | ☐ | ☐ | |
| 8. Attention Deficit Hyperactivity Disorder. | ☐ | ☐ | |
| 9. Severe mood swings and/or irritability. | ☐ | ☐ | |
| 10. Tics, movement disorder. | ☐ | ☐ | |
| 11. Seeing or hearing things that are not real, paranoid. | ☐ | ☐ | |
| Comments: | | | |

## SECTION IV: SUPERVISION NEEDS AND USE OF ADAPTIVE EQUIPMENT

Remember to rate the child's average functioning or use of equipment within the **last 6 months**. You may indicate in the comment boxes any additional information such as and whether the child's current abilities or need for adaptive equipment have improved or gotten worse compared to past abilities.

| SUPERVISION NEEDS IN THE HOME | YES | NO |
|---|---|---|
| 1. Requires age-appropriate supervision | ☐ | ☐ |
| 2. 24-hour awake supervision day and night | ☐ | ☐ |
| 3. Close supervision during day | ☐ | ☐ |
| 4. Daily on-site support/supervision, limited hours | ☐ | ☐ |
| 5. Can identify an emergency & get help for self | ☐ | ☐ |
| 6. Requires assistance to evacuate home. | ☐ | ☐ |

| SUPERVISION NEEDS IN THE COMMUNITY | YES | NO |
|---|---|---|
| 1. Requires age-appropriate supervision | ☐ | ☐ |
| 2. 24-hour awake supervision day and night | ☐ | ☐ |
| 3. Close supervision during day | ☐ | ☐ |
| 4. Can be left alone in specific places | ☐ | ☐ |
| 5. Travels in community independently | ☐ | ☐ |
| 6. Vulnerable to exploitation | ☐ | ☐ |

Comments:

| USES OF ADAPTIVE EQUIPMENT | CHECK IF USES | Comments | | | |
|---|---|---|---|---|---|
| Wheelchair (You may select more than one) | ☐ | ☐ Manual | ☐ Motorized | ☐ Self-Propels | ☐ Requires Assistance |
| Helmet | ☐ | | | | |
| Eyeglasses | ☐ | | | | |
| Walker/Crutches/Cane | ☐ | | | | |
| Modified Eating Utensils | ☐ | | | | |
| PERS — Personal Emergency Response System | ☐ | | | | |
| Corrective shoes/braces | ☐ | | | | |
| Hearing Aid | ☐ | | | | |
| Augmentative Communication Device | ☐ | | | | |

| USES OF ADAPTIVE EQUIPMENT | CHECK IF USES | Comments |
|---|---|---|
| Other: Please Describe | ☐ | |
| 1 | | |
| 2 | | |
| 3 | | |
| Comments: | | |

| USES OF ENVIRONMENTAL MODIFICATIONS | CHECK IF USES | Comments |
|---|---|---|
| Wheelchair Accessible Vehicle | ☐ | |
| Accessible Bathroom Facilities | ☐ | |
| Ramp | ☐ | |
| Lifts: Porch, Hoyer, Stair | ☐ | |
| Other: Please Describe | ☐ | |
| 1 | | |
| 2 | | |
| 3 | | |
| Comments: | | |

## SECTION V: Acknowledgement

State of New Jersey
Department of Children and Families
Division of Children's System of Care

This is to acknowledge that I am the person who completed the Child Adaptive Behavior Summary for:

_____

Name of Child or Youth Applicant (Please Print)

To the best of my knowledge and belief, the answers I have provided accurately reflect the Self-Care Skills, Communication Skills, Social Behaviors, Community Awareness, Physical Conditions, Limitations, Use of Assistive Devices, as well as Health, Medical and Safety concerns of this child.

Signature: _____ Date: _____

Name (Please Print): _____

Relationship to Child or Youth Applicant: _____

**Important!** This is the second part of a four-part application. Please continue to Form C: Documentation Cover Sheet.