**Statewide New Caregiver Assessment (NCA)**

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| --- | --- |
| **Case Name:** | **UNITY Case #:** |
| **Caseworker Name:** | **Supervisor Name:** |
| **Date NCA Completed:** | **Date Home Visit Completed:** |

**Section I: Type of Caregiver Household**

[ ]  Caregiver joins Household

[ ]  Other Caregiver Household

**Section II: NCA Caregivers**

**Case Participant, UNITY Person:**

|  |  |
| --- | --- |
| Caregiver Number | Caregiver Name |
|  |  |
|  |  |
|  |  |

**Non-UNITY Person:**

|  |  |
| --- | --- |
| Caregiver First Name: | Caregiver Last Name: |
| DOB: | Gender: | SSN: |
| Address: |
| City: | State: | Zip Code: |
| Phone: | Phone Type: |
| Phone: | Phone Type: |
| Other State of residence: | Dates: |
| Other State of residence: | Dates: |

|  |  |
| --- | --- |
| Caregiver First Name: | Caregiver Last Name: |
| DOB: | Gender: | SSN: |
| Address: |
| City: | State: | Zip Code: |
| Phone: | Phone Type: |
| Phone: | Phone Type: |
| Other State of residence: | Dates: |
| Other State of residence: | Dates: |

**Other Household Members:**

|  |  |
| --- | --- |
| First Name: | Last Name: |
| AKA First Name: | AKA Last Name: |
| DOB: | Gender: | SSN: |
| Relationship to Child: |

|  |  |
| --- | --- |
| First Name: | Last Name: |
| AKA First Name: | AKA Last Name: |
| DOB: | Gender: | SSN: |
| Relationship to Child: |

**Section III: Background Check**

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| --- | --- | --- | --- | --- |
| **Caregiver Name** | **NCJIS** | **NCIC** | **SCOPE** | **CANS** |
|  | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A |
|  | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A |
|  | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A |
|  | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A | [ ]  Y [ ]  N [ ]  N/A |

**Section IV: Adult Functioning**

**Caregiver 1 Name:**

**Question:** How does the adult function on a daily basis? The assessment must include current and recent history of mental and physical health, substance use, employment, criminal behavior, social relationships; must include behavior, communication skills, intellectual functioning; problem solving; reality perception and coping.

**Note: Child Functioning must be considered in relation to any data that is collected in this form. Mandatory review of information previously gathered in the NIA/PCFA/PCPA should be reflected in your narrative.**

**Protective Capacities:**

|  |  |  |
| --- | --- | --- |
| **Behavioral****Controls Impulses**[ ]  Y [ ]  N [ ]  U**Takes Action**[ ]  Y [ ]  N [ ]  U | **Cognitive****Is Self Aware**[ ]  Y [ ]  N [ ]  U**Is Intellectually Able**[ ]  Y [ ]  N [ ]  U**Recognizes Threats**[ ]  Y [ ]  N [ ]  U | **Emotional****Meets Own Emotional Needs**[ ]  Y [ ]  N [ ]  U**Is Resilient**[ ]  Y [ ]  N [ ]  U**Is Tolerant**[ ]  Y [ ]  N [ ]  U**Is Stable**[ ]  Y [ ]  N [ ]  U |

**Narrative:**

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**Caregiver 2 Name:**

**Question:** How does the adult function on a daily basis? The assessment must include current and recent history of mental and physical health, substance use, employment, criminal behavior, social relationships; must include behavior, communication skills, intellectual functioning; problem solving; reality perception and coping.

**Note: Child Functioning must be considered in relation to any data that is collected in this form. Mandatory review of information previously gathered in the NIA/PCFA/PCPA should be reflected in your narrative.**

**Protective Capacities:**

|  |  |  |
| --- | --- | --- |
| **Behavioral****Controls Impulses**[ ]  Y [ ]  N [ ]  U**Takes Action**[ ]  Y [ ]  N [ ]  U | **Cognitive****Is Self Aware**[ ]  Y [ ]  N [ ]  U**Is Intellectually Able**[ ]  Y [ ]  N [ ]  U**Recognizes Threats**[ ]  Y [ ]  N [ ]  U | **Emotional****Meets Own Emotional Needs**[ ]  Y [ ]  N [ ]  U**Is Resilient**[ ]  Y [ ]  N [ ]  U**Is Tolerant**[ ]  Y [ ]  N [ ]  U**Is Stable**[ ]  Y [ ]  N [ ]  U |

**Narrative:**

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**Section V: Parenting Discipline**

**Caregiver 1 Name:**

**Question:** How does the parent/caregiver discipline? Describe approach to discipline, purpose, and intention, specific methods, ability to maintain self-control, parenting knowledge related to discipline and age appropriateness, routines/boundaries/rules, and parent/caregiver’s perception of effectiveness.

**Note: Child Functioning must be considered in relation to any data that is collected in this form. Mandatory review of information previously gathered in the NIA/PCFA/PCPA should be reflected in your narrative.**

**Narrative:**

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**Caregiver 2 Name:**

**Question:** How does the parent/caregiver discipline? Describe approach to discipline, purpose, and intention, specific methods, ability to maintain self-control, parenting knowledge related to discipline and age appropriateness, routines/boundaries/rules, and parent/caregiver’s perception of effectiveness.

**Note: Child Functioning must be considered in relation to any data that is collected in this form. Mandatory review of information previously gathered in the NIA/PCFA/PCPA should be reflected in your narrative.**

**Narrative:**

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**Section VI: Parenting General**

**Caregiver 1 Name:**

**Question:** What types of general parenting skills does the parent/caregiver have? The description must include history of protective behavior; parenting style; sensitivity to child’s needs, expectations for children and self; satisfaction as a parent, knowledge of parenting/child development; demonstrated skills.

**Note: Child Functioning must be considered in relation to any data that is collected in this form. Mandatory review of information previously gathered in the NIA/PCFA/PCPA should be reflected in your narrative.**

**Protective Capacities:**

|  |  |  |
| --- | --- | --- |
| **Behavioral****Sets Aside Own Needs for Child**[ ]  Y [ ]  N [ ]  U**Demonstrates Adequate Skills**[ ]  Y [ ]  N [ ]  U**Adaptive as a Caregiver**[ ]  Y [ ]  N [ ]  U | **Cognitive****Recognize Child’s Needs**[ ]  Y [ ]  N [ ]  U**Understand Protective Role**[ ]  Y [ ]  N [ ]  U**Plans and Articulates Plans for Protection**[ ]  Y [ ]  N [ ]  U | **Emotional****Expresses Love, Empathy, Sensitivity to Child**[ ]  Y [ ]  N [ ]  U**Is Positively Attached with Child**[ ]  Y [ ]  N [ ]  U**Is Aligned and Supports the Child**[ ]  Y [ ]  N [ ]  U |

**Narrative:**

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**Caregiver 2 Name:**

**Question:** What types of general parenting skills does the parent/caregiver have? The description must include history of protective behavior; parenting style; sensitivity to child’s needs, expectations for children and self; satisfaction as a parent, knowledge of parenting/child development; demonstrated skills.

**Note: Child Functioning must be considered in relation to any data that is collected in this form. Mandatory review of information previously gathered in the NIA/PCFA/PCPA should be reflected in your narrative.**

**Protective Capacities:**

|  |  |  |
| --- | --- | --- |
| **Behavioral****Sets Aside Own Needs for Child**[ ]  Y [ ]  N [ ]  U**Demonstrates Adequate Skills**[ ]  Y [ ]  N [ ]  U**Adaptive as a Caregiver**[ ]  Y [ ]  N [ ]  U | **Cognitive****Recognize Child’s Needs**[ ]  Y [ ]  N [ ]  U**Understand Protective Role**[ ]  Y [ ]  N [ ]  U**Plans and Articulates Plans for Protection**[ ]  Y [ ]  N [ ]  U | **Emotional****Expresses Love, Empathy, Sensitivity to Child**[ ]  Y [ ]  N [ ]  U**Is Positively Attached with Child**[ ]  Y [ ]  N [ ]  U**Is Aligned and Supports the Child**[ ]  Y [ ]  N [ ]  U |

**Narrative:**

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**Section VII: Caregiver Joins Household – Household Impact**

**Caregiver 1 Name:**

**Question:** What is the role of the Caregiver in relationship to the child? Will the Caregiver be caring for the child? If so, how?

**Narrative:**

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**Caregiver 2 Name:**

**Question:** What is the role of the Caregiver in relationship to the child? Will the Caregiver be caring for the child? If so, how?

**Narrative:**

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**Section VII: Other Caregiver Household – Household Impact**

**Caregiver 1 Name:**

**Question:** What is the Other Caregiver’s relationship with the current Caregiver?

**Worker Tip:** Examples include Other Caregiver’s willingness to interact with current Caregiver and issues with current Caregiver

**Narrative:**

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**Question:** What is the Other Caregiver’s ability and willingness to take care of the child?

**Worker Tip:** Examples include Other Caregiver’s relationship to the child, last contact with the child, understanding of the child’s needs, willingness to bring child into home, housing stability, finances

**Narrative:**

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**Question:** Does the Other Caregiver have a support system?

**Worker Tip:** Examples include Other Caregiver’s access to daycare, informal support such as neighbors, relatives, friends, providers

**Narrative:**

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**Caregiver 2 Name:**

**Question:** What is the Other Caregiver’s relationship with the current Caregiver?

**Worker Tip:** Examples include Other Caregiver’s willingness to interact with current Caregiver and issues with current Caregiver

**Narrative:**

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**Question:** What is the Other Caregiver’s ability and willingness to take care of the child?

**Worker Tip:** Examples include Other Caregiver’s relationship to the child, last contact with the child, understanding of the child’s needs, willingness to bring child into home, housing stability, finances

**Narrative:**

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**Question:** Does the Other Caregiver have a support system?

**Worker Tip:** Examples include Other Caregiver’s access to daycare, informal support such as neighbors, relatives, friends, providers

**Narrative:**

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**Section VIII: New Caregiver Assessment Conclusion**

**Caregiver 1 Name:**

**Question:** How do the Diminished Protective Capacities selected in Adult Functioning and Parenting General impact overall decisions about this Caregiver?

**Narrative:**

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**Caregiver 2 Name:**

**Question:** How do the Diminished Protective Capacities selected in Adult Functioning and Parenting General impact overall decisions about this Caregiver?

**Narrative:**

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**Section IX: Caregiver Assessment Recommendation**

**Question:** What is the plan for the Caregiver?

[ ]  Caregiver is a placement option

[ ]  Add Caregiver to Case Plan

[ ]  Caregiver needs additional services in the home

[ ]  Report possible Abuse/Neglect to Intake

[ ]  Other

 Explain:

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| --- |
|  |

Summary of the Recommendation:

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| --- |
|  |

Caregiver joins Household:

* Action Step: Caseworker completes SA

Other Caregiver Household:

* Action Step: Caseworker completes CSE-CPA prior to placement

**Section X: Supervisor Review**

Document a case note in UNITY under supervisory contact to support supervisor review and approval of the NCA.