**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 |
|  |  |
|  |  |
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**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**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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:**

|  |
| --- |
|  |

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