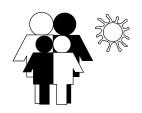
National Survey of Child and Adolescent Well-Being



NSCAW III CASEWORKER SHOWCARD BOOKLET

- 1 = With one or both birth parents
- 2 = With one or both adoptive parents
- 3 = With non-relatives in a licensed foster home
- 4 = With relatives in a licensed foster home
- 5 = With a relative in a home that is not licensed
- 6 = In the home of a family friend
- 7 = In an emergency shelter
- 8 = In a specialized or therapeutic foster home
- 9 = In a group home
- 10 = In a residential treatment center
- 11 = In a psychiatric hospital
- 12 = In a medical hospital or facility
- 13 = In a place of detention (e.g., juvenile justice, adult jail)
- 14 = In transitional independent living apartment
- 15 = In transitional independent living home or facility
- 16 = In a facility operated by another public agency (e.g., juvenile or adult corrections)
- 17 = Whereabouts unknown/runaway
- 18 = Child lives on own (includes school/college, military, etc.)
- 19 = Other

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White

CARD 7A

- 1 = Felony or serious assault other than sexual assault
- 2 = Misdemeanor or minor assault other than sexual assault
- 3 = Robbery involving confrontation with a victim
- 4 = Larceny
- 5 = Damage to property
- 6 = Sexual assault
- 7 = Other sexually inappropriate behavior (do not include being a victim of trafficking)
- 8 = Status offense (e.g., runaway, undisciplined)
- 9 = Other

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- 5 = With relatives in a home that is not licensed
- 6 = In the home of a family friend
- 7 = In an emergency shelter
- 8 = In a specialized or therapeutic foster home or therapeutic home
- 9 = In a group home
- 10 = In a residential treatment facility or institution
- 11 = In a psychiatric hospital
- 12 = In a medical hospital or facility
- 13 = In a place of detention (e.g. juvenile detention, adult jail)
- 14 = In a transitional independent living apartment
- 15 = In a transitional independent living home or facility
- 16 = In a facility operated by another public agency (e.g. juvenile or adult corrections)
- 17 = Whereabouts unknown/runaway
- 18 = Child lives on their own (includes school/college, military, etc.)
- 19 = Other

1 = Inpatient

24-hour care (patient stays overnight) either in a hospital setting or a residential facility, where patients receive both medical attention and counseling. Can include halfway houses and other transitional living facilities.

2 = Detox

Short-term hospital/medical care to stabilize a patient and detoxify them from alcohol or other drugs.

3 = Intensive day treatment

Includes treatment, recovery, aftercare, or rehabilitation services at a treatment facility, but patient does not stay overnight. May or may not include medical care. Patients attend treatment/counseling sessions 2 or more hours per day for 3 or more days per week.

4 = Outpatient

Includes treatment, recovery, aftercare, or rehabilitation services where a patient does not stay overnight in a treatment facility. May or may not include medical care. Patients attend treatment/counseling sessions 1-2 days per week. This includes structured outpatient programs in treatment facilities and one-on-one counseling with private practitioner counselors.

5 = 12-step program

An informal group (not run by medical staff) such as Alcoholics Anonymous or Narcotics Anonymous.

6 = Methadone maintenance

A treatment program where a patient receives regular daily doses of methadone for treatment of an addiction to heroin or other opiates.

7 = Other

Other services not classified elsewhere.

1 = Overnight/inpatient

24-hour care (patient stays overnight) either in a hospital setting or a residential facility, where patients receive both medical attention and counseling. Can include transitional living facilities.

2 = Outpatient

Includes treatment, recovery, aftercare, or rehabilitation services where a patient does not stay overnight in a treatment facility. May or may not include medical care. Patients attend treatment/counseling sessions 1-2 days per week. This includes structured outpatient programs in treatment facilities and one-on-one counseling with private practitioner counselors.

3 = Day Treatment or Partial Hospitalization

Includes treatment, recovery, aftercare, or rehabilitation services at a treatment facility, but patient does not stay overnight. May or may not include medical care. Patients attend treatment/counseling sessions 2 or more hours per day for 3 or more days per week.

4 = Other

Other services not classified elsewhere.

- 1 = Foster Parents had always planned to adopt child
- 2 = Child's race/ethnicity is same as foster family's
- 3 = Foster parents feel love/affection for child
- 4 = Foster parents have already adopted child's sibling(s)
- 5 = Child Is related to foster parent's family
- 6 = Concern that child would be placed in another family if foster parents did not adopt
- 7 = Other

- 1 = It is still expected that child will return home
- 2 = Child's race/ethnicity differs from foster parent family's race/ethnicity
- 3 = Another family related to child may adopt
- 4 = Another family not related to child may adopt
- 5 = Foster parent is not the person best able to meet child's needs
- 6 = Other

- 1 = Foster Parents had always planned to adopt child or become his/her guardian or long-term foster parent
- 2 = Child's race/ethnicity is same as foster family's
- 3 = Foster parents feel love/affection for child
- 4 = Foster parents have already adopted child's sibling(s) or become their guardians or long-term foster parents.
- 5 = Child Is related to foster parent's family
- 6 = Concern that child would be placed in another family if foster parents did not adopt, become guardians, or continue foster care arrangement long-term
- 7 = Other

- 1 = It is still expected that child will return home
- 2 = Child's race/ethnicity differs from foster parent family's race/ethnicity
- 3 = Another family related to child may adopt or become child's guardians or long-term foster family
- 4 = Another family not related to child may adopt or become child's guardians or long-term foster family
- 5 = Foster parent is not the person best able to meet child's needs
- 6 = Other

- 1 = Emergency, detention, shelter care or custody hearing (to determine if court and agency should continue to be involved in the case and, for children in placement, retain the child in care)
- 2 = Adjudication/Jurisdiction hearing (to determine if there is substantiated abuse and neglect that gives the court reason to maintain supervision over the case)
- 3 = Disposition hearing (to determine what the court's role should be regarding continued court supervision and what the placement of case plan should be)
- 4 = Periodic court review hearing (court review of case on periodic basis -- at least every 6 months -- after disposition hearing)
- 5 = Permanency planning hearing (to determine at end of service period if child should be returned home or if a permanent plan of adoption or guardianship or long-term foster care should be pursued)
- 6 = Termination of parental rights and responsibilities hearing (to determine if parental rights/responsibilities should be terminated)
- 7 = Civil commitment hearing (to determine if youth is a danger to self or others and should be committed to secure psychiatric facility)
- 8 = Other hearing

- 1 = Promptly return child to home of parent/relative
- 2 = Continue services in home
- 3 = Terminate services in home and close case
- 4 = Place child in out of home care
- 5 = Continue current placement
- 6 = Attempt to reunify child with parent/relative
- 7 = Refer to state/county adoption program
- 8 = Refer to Interstate Compact on Adoption
- 9 = Petition for parental right termination
- 10 = Independent living
- 11 = Something else

- 1 = Help finding a place to live
- 2 = Help with other housing services (e.g., repairing or maintaining his/her house)
- 3 = Financial Assistance or Income Support
- 4 = Employment Services
- 5 = Domestic Violence Services
- 6 = Legal Aid
- 7 = Counseling/services for an Alcohol or Drug Problem
- 8 = Counseling/services for an Emotional or Psychological Problem
- 9 = Services for a Serious Health Problem or Injury
- 10 = Other Counseling/therapy
- 11 = Other Services

- 1 = Not At All
- 2 = A Little
- 3 = Somewhat
- 4 = Quite a Bit
- 5 = Extremely

1 = Mother
2 = Father
3 = Step-Mother
4 = Step-Father
5 = Grandmother
6 = Grandfather
7 = Aunt (includes great aunts or fictive kin aunts
8 = Uncle
9 = Brother
10 = Sister
11 = Child
12 = Other

- 1 = American Indian or Alaskan Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or other Pacific Islander
- 5 = White

1 = Less than \$5,000

2 = \$5,000 - \$9,999

3 = \$10,000 - \$14,999

4 = \$15,000 - \$19,999

5 = \$20,000 - \$24,999

6 = \$25,000 - \$29,999

7 = \$30,000 - \$34,999

8 = \$35,000 - \$39,999

9 = \$40,000 - \$44,999

10 = \$45,000 - \$49,999

11 = \$50,000 or more