

Child Social History Form

This information is collected for all applicants and household members pursuant to MN Rule 9555.6125. This information assists in determining eligibility for licensing through the Minnesota Department of Human Services (DHS).

This form should be answered from the child’s perspective (“you” in this document refers to the child”). Include the child in answering the questions, if appropriate. ANSWER EACH QUESTION COMPLETELY.

Background

Name:
Birthdate:
Birthplace:

Education

Where do/did you go to school?

What grade are you in?

Do you have a high school diploma or GED equivalency? Yes No

If yes, date of graduation/completion:

Work Experience

1. Employment History: List job titles from your first job until now. Continue another sheet of paper if needed. Check if you worked with vulnerable adults/children.

Employer Name	Dates (From/To)	Worked with vulnerable persons

2. Current Employer:

Employer Name	Date started	Duties	Work with vulnerable persons

3. Volunteer and unpaid work related to caring for adults or children.

Organization/Type	Title/Duties	Hours/Month	Dates (From/To)

4. Military Experience: (Reserves, National Guard or Active Duty)

No military experiences

Entry Date:

Branch and Highest Rank:

Month/Year Discharged:

Type of Discharge:

Where were you stationed:

5. Marital History

I have never been married

1. Marital Information:

Name of Spouse	Date of Marriage	Date of Divorce/Death	Reason for Divorce
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2. If currently married, describe your relationship:

Legal Information

I have no history of a criminal record nor involvement with Juvenile Court

1. Please list any arrests or convictions for misdemeanors, gross misdemeanors, or felonies. List when, where, and for what.

I have never had maltreatment of a child, or vulnerable adult substantiated against me

2. Please list the date and place of any substantiated maltreatment.

Household Relationships

I do not have any children

1. Please complete the following information about the minor children that currently live with you for whom you are a parent/legal guardian:

Name	Date of Birth	Grade/ Occupation	Any Health Conditions	Any Behavior Issues

2. Have you ever voluntarily or involuntarily terminated your parental rights?

Yes No

Financial Information

I receive financial benefits through:

- None Child Support Social Security Disability
 Workers Compensation Supplemental Security Income (SSI)
 Retirement/Pensions Social Security (retirement, survivor)
 County/State Financial Programs (MFIP, MA, GA, EBT, etc.)

Income (if it varies seasonally or otherwise, please explain):

I have no monthly income

Total monthly income from all sources \$ _____

Mental Illness and Chemical Dependency:

Do you now or have you ever had and gone to treatment/counseling for:

	Yes	No
Alcoholism/Alcohol Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Drug Addiction/Abuse	<input type="checkbox"/>	<input type="checkbox"/>
Relationship Problems	<input type="checkbox"/>	<input type="checkbox"/>
Parent-Child Problems	<input type="checkbox"/>	<input type="checkbox"/>
Mental Illness	<input type="checkbox"/>	<input type="checkbox"/>
Financial Problems/Gambling	<input type="checkbox"/>	<input type="checkbox"/>
Developmental Disability	<input type="checkbox"/>	<input type="checkbox"/>

General Information

1. What do you/does your family do for recreation (including hobbies, and club memberships):

2. What else would you like to share about yourself:

Name of person completing this form:

Relationship:

Date:

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