

ADULT 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). ANSWER EACH QUESTION COMPLETELY.

Background

Name:
Birthdate:
Birthplace:

Education

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

If yes, date of graduation/completion:

2. List all undergraduate and graduate work:

Name and Location:
Dates of Attendance (From/To):
Full or Part Time:
Degree Type (AA/BS/etc.):
Major:
Date Degree Received/Anticipated:

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Full or Part Time:
Degree Type (AA/BS/etc.):
Major:
Date Degree Received/Anticipated:

3. Professional Licenses:

Credentialing Organization	Profession	License Number

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

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

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

No military experience

Entry Date:

Branch and Highest Rank:

Month/Year Discharged:

Type of Discharge:

Where were you stationed:

Work Experience

1. Employment History: List job titles starting with your first job after high school until now. Continue on 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. Work Schedule: Please write your typical work schedule on the given day.

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Holidays	
Comments:	

4. Any anticipated changes in current employment or career? Yes No

If yes, please explain:

Marital History

I have never been married

1. Marital Information:

Name of Spouse	Date of Marriage	Date of Divorce/Death	Reason for Divorce

2. If currently married, describe your significant other including weaknesses as a caregiver:

3. If you have been divorced, please describe lingering difficulties and how they are managed:

4. Describe your personality and weaknesses as a caregiver:

5. If you are married, describe your social life as a couple:

6. If you are married, explain how disagreements are generally settled:

7. When do you do most of your communicating with your spouse?

8. What strengths and weaknesses does your marriage have?

9. Describe any abuse in your marriage:

Household Relationships

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. Please complete the following information for minor children who live with you for whom you are NOT a legal guardian and all other household members (please complete this section for adult children who sometimes stay with you i.e., college breaks. You do not need to otherwise include adult children):

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

3. Please complete the following information for minor children who do not live with you.

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

I have voluntarily terminated parental rights for a child: Yes No

I have had my parental right involuntarily terminated for a child: Yes No

I have a child under age 18 that I do not have physical custody of: Yes No

If yes, please explain (include name, address, if you see them, how often):

Mental Illness and Chemical Dependency

Do you now or have you ever had and/or 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"/>
Marital 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"/>

Legal information

1. Have you ever had maltreatment of a child or adult substantiated against you?

Yes No If yes, date and County/State it occurred:

2. Have you been convicted of a:

Misdemeanor: Yes No Gross Misdemeanor: Yes No Felony: Yes No

If yes, please list the offense, date, and County/State it occurred:

3. Have you ever been arrested?

Yes No If yes, date and reason:

Financial Information

1. Income (if varies seasonally or otherwise please explain):

Total monthly income from all sources \$ _____

Please check income received from the following, if applicable:

- Child Support
- Workers Compensation
- Retirement/Pensions
- County/State Financial Programs (MFIP, MA, GA, EBT, etc.)
- Other:
- Social Security Disability
- Supplemental Security Income (SSI)
- Social Security (retirement, survivor)

4. Expenses:

Total monthly expenses from all sources: \$ _____

5. Balance

\$ _____ - _____ = _____
 Income - Expenses = Balance

6. Have you declared bankruptcy in the past 7 years? Yes No

7. Do you currently have any judgements or pending judgements against you? Yes No

8. Insurance Information:

Homeowner/Renters Insurance Company:
Homeowner/Renters Agent/Agency:
Homeowner/Renters Policy Number:
Automobile Company:
Automobile Agent/Agency:
Automobile Policy Number:

9. If you are married, how do you settle money differences with your spouse:

General Information

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

2. Describe the bedroom(s) you will use for foster care (level of the home, how it is currently being used, etc.):

3. Please answer the following questions about your home:

Smoking is allowed: Inside Outside Not at all

The home is handicap accessible: Yes No

There are pets in the home: Yes No

4. Please describe any health conditions or physical limitations you have:

5. Please list any hospitalizations:

Year	Reason

Please complete the following information for three references not related to you:

Reference 1:

Name:	Relationship:
Address:	
Years Known:	Phone Number:
Email Address:	

Reference 2:

Name:	Relationship:
Address:	
Years Known:	Phone Number:
Email Address:	

Reference 3:

Name:	Relationship:
Address:	
Years Known:	Phone Number:
Email Address:	