

Adult Social History Form

This information is collected pursuant to Minnesota Rule 9555.6125 for all applicants and household members who are 18 years of age and older. This information assists in determining eligibility for licensing through the Minnesota Department of Human Services (DHS). Answer each question completely.

Applicant/household member

Full name (first, middle, last):

Birthdate:

Birthplace:

Education and experience

1. Do you have a high school diploma or GED equivalent?

☐ Yes

☐ No

If yes, list date of graduation/completion:

2. List all undergraduate and graduate work.

College/University name and location (city, state):
Dates of attendance (to/from):
Full or part-time:
Degree type (AA, BS, BA, etc.):
Major and/or minor:
Date degree earned/date anticipated:

College/University name and location (city, state):
Dates of attendance (to/from):

Full or part-time:
Degree type (AA, BS, BA, etc.):
Major and/or minor:
Date degree earned/date anticipated:

College/University name and location (city, state):
Dates of attendance (to/from):
Full or part-time:
Degree type (AA, BS, BA, etc.):
Major and/or minor:
Date degree earned/date anticipated:

3. List all professional licenses.

Credentialing organization	Profession	License number

4. List all volunteer and unpaid work related to caring for adults or children.

Organization/type	Title & duties	Hours/month	Dates (from-to)

5. List Military experiences (Reserves, National Guard, or active duty).

☐ No military experience

Entry date:
Branch and highest rank:
Month/year discharged:
Type of discharge:
Station location:

6. List all **previous employment experiences** starting with your first job after high school. Continue on another sheet of paper if needed. Indicate whether you worked with vulnerable adults or children.

Place of employment	Dates (from-to)	Worked with vulnerable children or adults? Y or N

7. List your **current employment**. Indicate whether you worked with vulnerable adults or children.

Place of employment	Date started	Duties	Worked with vulnerable children or adults? Y or N

8. List your typical work schedule on the given day.

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	

Friday	
Saturday	

9. What, if any, changes do you anticipate in current employment or career?

10. Describe your personality as a care giver. What are your strengths? What areas do you feel you can improve?

Relationships

☐ I have never been married or in a serious & committed relationship (skip this section)

1. Relationship information. List N/A if not applicable.

Name of partner:
Date of marriage:
Date relationship started:
Date of divorce/death:
Date relationship ended:
Reason for divorce or end of relationship:

Name of partner:

Date of marriage:
Date relationship started:
Date of divorce/death:
Date relationship ended:
Reason for divorce or end of relationship:

Name of partner:
Date of marriage:
Date relationship started:
Date of divorce/death:
Date relationship ended:
Reason for divorce or end of relationship:

Name of partner:
Date of marriage:
Date relationship started:
Date of divorce/death:
Date relationship ended:

Reason for divorce or end of relationship:

2. If currently married or partnered, describe your significant other as a caregiver. Include strengths and areas for improvement.
3. If currently married or partnered, describe your social life as a couple.
4. If currently married or partnered, explain how disagreements are generally settled.
5. If currently married or partnered, when do you do most of your communication with your spouse?
6. If currently married or partnered, what strengths and weaknesses does your marriage have?
7. Describe any abuse in your marriage or partnership.
8. If you have been divorced, describe any lingering challenges or difficulties and how they are managed.

Household relationships

1. Provide the following information about children 17 years of age or younger that currently live with you for whom **you are** a parent/legal guardian.

Name	Date of birth	Grade in school/occupation	List any health conditions	List any behavioral issues

2. Provide the following information about children 17 years of age or younger that currently live with you for whom you **are not** a parent/legal guardian AND/OR provide the following information about adult children who sometimes stay with you (i.e., during college breaks).

Name	Date of birth	Grade in school/occupation	List any health conditions	List any behavioral issues

3. Provide the following information about your children 17 years of age or younger that **do not currently live with you.**

Name	Date of birth	Grade in school/occupation	List any health conditions	List any behavioral issues

4. I have voluntarily terminated parental rights for a child.

☐ Yes

☐ No

5. I have had my parental rights voluntarily terminated for a child.

☐ Yes

☐ No

6. I have a child under the age of 18 that I do not have physical custody of:

☐ Yes

☐ No

7. If yes to questions 4-6, provide the following.

Child's name	Address	How often do you see them

Mental illness and chemical dependency

Indicate whether you currently or have ever experienced the following challenges. Also indicate whether you currently or have ever gone to treatment or counseling for the following.

	Do you currently or have you ever experienced this? Y or N	Did you currently or have you ever gone to treatment or counseling? Y or N
Alcoholism or alcohol abuse		
Drug addition or drug abuse		
Marital or relationship problems		
Parent-child problems		
Mental illness		
Financial problems or gambling		
Developmental disability		

Legal

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

- ☐ Yes
☐ No

If yes, provide the date and county and state it occurred:

2. Have you ever been convicted of a **misdemeanor, gross misdemeanor, or felony?**

- ☐ Yes
☐ No

If yes, list the offense, date, and county and state it occurred:

Financial information

1. List your total monthly income from all sources. If it varies seasonably or otherwise, please explain.

Amount in \$	Source

2. Select **to confirm you receive income** from the following:

- ☐ Child support
☐ Social security disability
☐ Workers compensation
☐ Supplemental security income (SSI)
☐ Retirement or pensions

- ☐ Social security (retirement or survivor)
- ☐ County/state financial programs (MFIP, MA, GA, EBT, etc.)
- ☐ Other _____

3. List your total monthly expenses from all sources. If it varies seasonably or otherwise, please explain.

Expense amount in \$	Source

4. Have you declared bankruptcy in the past seven years?

- ☐ Yes
- ☐ No

5. Do you currently have any judgements or pending judgements against you?

- ☐ Yes
☐ No

6. Provide the following insurance information.

Homeowner or rental agency:
Homeowner/renter policy number:
Auto agency:
Auto policy number:

7. If you are married or in a relationship, how do you settle money disagreements with your partner?

General information

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

2. Describe the bedroom(s) you will use for foster care. What level of the home are they? How is that space currently being used? What's the size and layout? Etc.

3. Answer the following questions about your home:
 - a. Smoking is allowed.
☐ Inside
☐ Outside
☐ Not at all
 - b. The home is handicap accessible.
☐ Yes
☐ No
 - c. There are pets.

- ☐ Yes
☐ No

4. Describe any health conditions or physical limitations you have.

5. List any hospitalizations you've experienced in your lifetime.

Year	Reason for hospitalization

References

Provide three references, their contact information, and a little bit about how they know you. Do not include any of your relatives on this list.

1.

Name:
Address:
Email address:
Phone number:
Relationship:
Years known:

2.

Name:
Address:
Email address:
Phone number:
Relationship:
Years known:

3.

Name:

Address:
Email address:
Phone number:
Relationship:
Years known: