

Child Social History Form

This information is collected pursuant to Minnesota Rule 9555.6125 and must be completed for all applicant's household members who are 17 years of age and younger. 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

Full name (first, middle, last):

Birthdate:

Birthplace:

Name of person completing this form:

Relationship to child:

Date:

Education and experience

1. Where do/did you go to school?
2. What grade are you?
3. Do you have a high school diploma or GED equivalency?
☐ Yes
☐ No

If yes, list date of graduation/completion:

4. List all **previous employment experiences** starting with your very first job. Continue with another sheet of paper if needed. Indicate whether you worked with vulnerable children or adults.

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

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

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

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

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

Mental illness and chemical dependency

1. 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		
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Household relationships

1. Do you have any children?

- ☐ Yes
☐ No

2. Provide the following information about the minor children that currently live with you for who **you are** a parent/legal guardian.

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

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

- ☐ Yes
☐ No

Legal

1. Do you have history of a criminal record nor involvement with Juvenile Court?

- ☐ Yes
☐ No

2. 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:

3. 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. Do you receive any of the following financial benefits? Select **to confirm**.

- ☐ 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 _____

General information

1. What do you/does your family do for recreation (including hobbies, leagues, and club memberships)?
2. What else would you like to share about yourself?