

INITIAL LICENSING SOCIAL HISTORY (ADULT)

The purpose of this form is to better understand you and what you have to offer our clients. The information you supply will also help to evaluate your home and family in terms of the licensing standards established by the Minnesota Department of Human Services. ANSWER EACH QUESTION COMPLETELY.

I. BACKGROUND

1. Name: _____
2. Birthdate: _____
3. Birthplace: _____

II. EDUCATION

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

If yes, where and what year did you receive your diploma or GED.

2.

College, University or Professional School (List all undergraduate and graduate work)		Date of Attendance		Part Time or Full Time	Degree		Major Field(s)
					Type AA, BS, etc.	Date Rec'd or Anticip'd	
Name	Location	From	To				

3. Professional Licenses:

Credentialing Organization

Profession

License Number

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

<u>Kind of Volunteer Activity</u>	<u>Your Titles/Duties</u>	<u>Number of Hours/Month</u>	<u>Years From To</u>
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5. Military Experience: (Reserves, National Guard or Active Duty)

Entry Date: _____

Month and year discharged: _____

Branch and highest rank: _____

Type of discharge: _____

Where were you stationed? _____

III. WORK EXPERIENCE

1. Employment History: List job titles starting with your first job after high school until now (“*” any job at which you worked with vulnerable children or adults).
2. Current employer and how long you have been employed there? Describe what you do.
3. What is your work schedule?

4. Any anticipated changes in current employment or career?

IV. MARITAL HISTORY

1. Name of spouse and date of marriage, if married. _____

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

3. If married previously:

<u>Spouse</u>	<u>Date Married</u>	<u>Date of Death or Divorce</u>	<u>Reason for Divorce</u>
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- a. Are there any lingering difficulties from previous marriages and if so, how are they being dealt with?
- b. Do you have children under age 18 that you do not have physical custody of? If so, please list their name(s), age(s) and address(es).
- c. How often do you visit children listed above?

4. Describe your own personality and strengths and weaknesses as a caregiver.

5. Describe your social life as a couple.
6. How do you generally settle disagreements with your spouse?
7. When do you do most of your communicating with your spouse?
8. What strengths and weaknesses does your marriage have?
9. Has there been any abuse in your marriage?

V. HOUSEHOLD RELATIONSHIPS

1. Your Children.

Name	Age	Grade or Occupation	Any health conditions?	Any behavioral problems?

- 2 List name and age of any other household member not already listed and their relationship to you.

Name

Age

Relationship

VI. MENTAL ILLNESS & CHEMICAL USE/DEPENDENCY

19. Are you now or have you ever been involved in and/or been to treatment for:

Yes

No

A. Alcoholism or drug abuse

☐☐

B. Marital problems

☐☐

C. Parent-Child problems

☐☐

D. Mental illness

☐☐

E. Financial problems

☐☐

VII. FINANCIAL INFORMATION

INCOME:

\$_____ Monthly take-home pay of caregivers.

If your main income varies seasonally, explain: _____

\$_____ Income from any of the following – check which applies:

_____ Child Support

_____ Social Security Disability

_____ Workers Compensation

_____ Supplemental Security Income (SSI)

_____ Retirement/Pensions

_____ Social Security (retirement, survivors, disabled)

_____ County Financial Programs (MFIP, Medical Assistance, General Assistance, Food Stamps, etc.)

\$ _____ Any other income that is used for household expenses.

TOTAL \$ _____

EXPENSES:

\$ _____ One month total of all fixed monthly payments. Include rent/mortgage, utilities, car(s), credit cards, loans, child support and any other fixed payments paid monthly.

\$ _____ Variable expenses (give a one month average). Include food, clothes, gas, insurance, medical bills and any other major necessities in your household budget.

TOTAL \$ _____

\$ _____ - \$ _____ = \$ _____
Income Expenses Balance of Income after basic needs are met.

1. Have you declared bankruptcy in the last 7 years? _____
2. Do you currently have any judgments or pending judgments against you? _____

INSURANCE:

Name of Homeowners/Renter's Insurance Company: _____

Name of Homeowners/Renter's Insurance Agent/Agency: _____

Homeowners or Renter's Insurance Policy Number: _____

Name of Automobile Insurance Company: _____

Name of Automobile Insurance Agent/Agency: _____

Automobile Insurance Policy Number: _____

VIII. LEGAL

1. Have you had parental rights terminated on any child?
2. Has maltreatment of a child or vulnerable adult ever been substantiated against you?
 - a. If yes, provide date and place it occurred. _____
3. Have you been arrested or convicted of a misdemeanor, gross misdemeanor or felony?
 - a. If yes, when, where and for what?

IX. GENERAL HOUSEHOLD INFORMATION

1. What does your family do for recreation?
2. Describe your hobbies, interests, club memberships.
3. How do you settle differences with your spouse over money?
4. Describe the bedroom(s) you will use for foster care. (Level of your home it's located on, how it's currently furnished, etc.)
5. Do you have health problems or other limitations? If yes, explain.

6. Have you ever been hospitalized?_____If yes, describe.
Year Reason

7. Have you or anyone in your household had a mental health or developmental disability diagnosis?
Explain.

Applicant signature

Date Completed