

INITIAL LICENSING SOCIAL HISTORY (CHILD)

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

- a. Name:
- b. Birthdate:
- c. Birthplace:

II. EDUCATION

- a. What grade are you in?
- b. Where do/did you go to school?
- c. Have you graduated or obtained your GED? If yes, where and what year did you receive your diploma or GED?

III. WORK EXPERIENCE

- a. Employment history: list job title starting with your first job (“*” any job at which you worked with vulnerable children or adults).
- b. Current employer and how long have they been employed there? Describe what you do?

IV. FINANCIAL INFORMATION

- a. Does your child receive any financial benefits?
- b. If you are working, what is their monthly income?

V. **LEGAL**

- a. Have you ever been arrested or convicted of a misdemeanor, gross misdemeanor or felony? Juvenile Court?

Yes

No

- i. If yes: when, where and for what?

- b. Has maltreatment of a child or vulnerable adult ever been substantiated against you?

Yes

No

- i. If yes, provide date and place it occurred:

VI. **STRENGTHS AND WEAKNESSES OF HOUSEHOLD RELATIONSHIPS**

- a. What does your child like to do for fun?

- b. How does your child interact with others?

- c. Is your child in any special programs at school?

- d. How does your child feel about having someone new come into the home and do they have any questions and/or concerns?

- e. Has your child ever been through verbal or physical abuse currently or in the past?

- f. When your child is exposed to a stressful situation how do they react?

VII. **MENTAL ILLNESS & CHEMICAL USE/DEPENDENCY**

- a. Have you ever been hospitalized for mental health or chemical dependency?

Yes

No

i. Please describe:

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

	Yes	No
Alcoholism or drug abuse	_____	_____
Marital problems	_____	_____
Behavioral Concerns	_____	_____
Mental illness	_____	_____
Financial problems	_____	_____

VIII. **HEALTH & HOSPITALIZATIONS**

a. Does your child have any health problems or other limitations?

b. Has your child been diagnosed of a mental health and/or developmental disability, if so, have they ever received services?

c. Has your child ever been hospitalized outside of mental health and/or chemical dependency?

Yes

No

i. If so, explain (along with the year)

IX. **GENERAL HOUSEHOLD INFORMATION**

a. **MILITARY HISTORY**

- i. Is your child in the military? (if yes, complete questions below, if not go on to next section)

Yes

No

1. Reserves, National Guard or Active Duty:

2. Entry date:

3. Month and year discharged:

4. Branch and highest rank held:

5. Type of discharge:

6. Where have you been stationed?:

b. **MARITAL HISTORY**

- i. Are you married? And if so, what is the date of your marriage?

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

iii. Are there any lingering difficulties from previous marriages and if so, how are they being dealt with?

c. **OTHER**

- i. Have you ever involuntarily been terminated of your parental rights?

Yes N/A

No

Date Completed and by whom: