

## ADULT FOSTER CARE SOCIAL HISTORY



**APPLICANT NAME:** \_\_\_\_\_

The applicant who is an individual shall provide social history information to the commissioner about each household member. "Social history information" means information on education; employment; financial condition; military service; marital history; strengths and weaknesses of household relationships; mental illness; chemical dependency; hospitalizations; involuntary terminations of parental rights; the use of services for the developmentally delayed; felony, gross misdemeanor or misdemeanor convictions, arrests or admissions; and substantiated reports of neglect or abuse. (MN Rule 9555.6125, Subp. 3B)

Beyond the required information, any additional information you provide will serve to assist your licensor in determining appropriate matches with clients. Please answer the questions in detail so that the licensor may become more knowledgeable about your background, home environment, abilities, personal qualities, and goals for foster care.

### **EDUCATION & EMPLOYMENT:**

What is your level of education and what have you studied? What were your challenges and successes?

If you left school prior to graduation, why?

Are you currently employed? Describe your employment and work life experience. What were your challenges and successes?

Are you continuing to get training pertinent to your employment?

### **FINANCES:**

Describe your financial condition.

Describe your expectations in regard to foster care payments as income. Is your current income sufficient to meet the needs of current household members?

## HEALTH

Describe your health (physical, mental, and emotional).

Have you ever been diagnosed with a mental illness? Is there a history of mental illness in your family? Please describe.

Have you ever been or are you currently chemically dependent? Is there a history of chemical dependency in your family?

Have you ever been hospitalized? Please describe.

Have you or any household members ever used any services for the developmentally disabled?

## RELATIONSHIPS

If you are involved in a relationship with a spouse or domestic partner, or if you are significantly involved with another adult, describe the nature of your relationship. Discuss the characteristics of your relationship now and in the past, as well as the likely impact on the adult foster care residents.

Describe your marriage including how you met and decided to marry.

Describe your parents' marriage.

How do you handle disagreements, major decisions? Is there a dominant partner?

If there has been a divorce, why did the marriage end?

Discuss previous marriages/significant relationships. Is there ongoing contact? Are children involved?

**PERSONS IN THE HOME**

NAME	RELATIONSHIP TO APPLICANT #1	RELATIONSHIP TO APPLICANT #2	DATE ENTERED HOUSEHOLD

If any person listed above is not a permanent member of the household, please note person's name and when (date) they may be leaving. What are the characteristics of this person including why he/she is living in the household and what his/her role will be regarding the adult foster care residents? Include this person's education, health, and any criminal history.

Describe each household member's characteristics, including personality, strengths, weaknesses, educational situation, and health.

Discuss each household member's attitude toward adult foster care and how such placements are likely to impact the household member.

**PERSONAL CHARACTERISTICS:**

Describe your relationships with others (i.e. friends, family, neighbors, and important people in your life). What roles do you play?

How do you express feelings, especially frustration, conflict, and anger?

Please give a description and an example of how you have handled grief and loss.

Are you able to see humor in a stressful situation? Give an example.

Describe your ability to be flexible. Give an example.

When confronted with a difficult task, how do you handle it?

Describe your personal boundaries.

Describe your openness or rigidity to new ideas or acceptance of help.

How do you make shifts in role definition when required?

What outlets do you have to relieve stress? (Physical exercise, hobbies, support groups, etc.)

How do you acknowledge and appreciate individual differences among people?

### **MILITARY SERVICE**

Describe any military service completed, giving dates, experiences, and discharge circumstances.

### **INVOLVEMENT WITH SOCIAL SERVICES & LAW ENFORCEMENT:**

Have you ever had your parental rights involuntarily terminated? If so, please describe.

Have you ever had a substantiated report against you of neglect or abuse? If so, please describe.

Have you ever been convicted, arrested or admitted to committing a felony, gross misdemeanor or misdemeanor? If so, please describe.

### **SUPPORT SYSTEM:**

Please describe your current support system and the supports that you have available to you in the community.

How will adult foster care placement impact you and impact your supports? Include both formal and informal support systems, such as family, friends, church, counselor, clubs, and support groups.

To whom do you go for advice?

What expectations do you have for respite? Who will provide respite care?

What is your knowledge of behavior management techniques?

Describe your ability to be empathetic. Give examples of instances where this has helped or caused problems in your life.

### **EXPERIENCE, ATTITUDES, AND BELIEFS REGARDING FOSTER CARE ISSUES:**

Briefly describe the type of resident for which you would not wish to provide care.

What type of care do you wish to provide (short-term, respite, emergency, long-term) and for whom do you wish to provide care (elderly, mentally ill, physically disabled, developmentally disabled)?

How has your family prepared to provide this type of care?

What are your goals for adult foster care? What motivated you to apply for a license for adult foster care?

Give examples of your experience with, and ability to care for, vulnerable adults.

Discuss your ability to meet the special challenges of adult foster care residents.

**RELIGIOUS AFFILIATION AND/OR SPIRITUAL BELIEFS:**

Discuss the impact of religious/spiritual beliefs on the family's day-to-day life.

How do you intend to meet the foster care resident's religious needs?

How will conflicts be resolved if the foster care resident entering the home has differing religious heritage or practice/beliefs?

**OTHER:**

Please share any other information which may assist the licensing agency in referring individuals to your home.