IOWA | Health and Human Services
Family Well-Being and Protection

Social History

Completed By: Date Completed:

Identifying Data:

Child's Name	Sex ☐ Male ☐ Female
Address	Phone
Date of Birth	Birthplace (City, State, Hospital)
Race/Ethnicity	

Child's Name	Sex ☐ Male ☐ Female
Address	Phone
Date of Birth	Birthplace (City, State, Hospital)
Race/Ethnicity	

Child's Name	Sex ☐ Male ☐ Female
Address	Phone
Date of Birth	Birthplace (City, State, Hospital)
Race/Ethnicity	

Mother's Name	Sex ☐ Male ☐ Female
Address	Phone
Date of Birth	Birthplace (City, State, Hospital)
Race/Ethnicity	

Father's Name	Sex ☐ Male ☐ Female
Address	Phone
Date of Birth	Birthplace (City, State, Hospital)
Race/Ethnicity	

Name	Sex ☐ Male ☐ Female
Address	Phone
Date of Birth	Birthplace (City, State, Hospital)
Race/Ethnicity	

Name	Sex ☐ Male ☐ Female
Address	Phone
Date of Birth	Birthplace (City, State, Hospital)
Race/Ethnicity	

Name	Sex ☐ Male ☐ Female
Address	Phone
Date of Birth	Birthplace (City, State, Hospital)
Race/Ethnicity	

Family Background

Maternal (Mother's) Family History:

	Name	Current Address	How do you feel about this person?
Father			
Mother			
Other Parent/ Caretaker			
Sibling			
Sibling			
Sibling			
Sibling			
Sibling			
Sibling			

Paternal (Father's) Family History:

	Name	Current Address	How do you feel about this person?
Father			
Mother			
Other Parent/ Caretaker			
Sibling			
Sibling			
Sibling			
Sibling			
Sibling			
Sibling			

Describe your relationship with your parents:

- Child's mother's relationship with her parents

As a child:

As an adult:

- Child's father's relationship with his parents

As a child:

As an adult:

What was your father and mother's relationship like? Please explain IN DETAIL (examples: loving, supportive, overly dependent, controlling, abusive, distant, etc.)

What childhood events negatively or positively affected you? Please explain IN DETAIL (examples: parental discipline, death, divorce, physical, verbal, substance abuse, family traditions, sexual abuse).

Who in your family do you feel closest to? Why?

What community supports do you and your family have? (examples: religion, social clubs, mentors, friends) Please explain:

What significant relationships have had, including the parent of your children?

Name	Status of relationship?	How did you meet?	Length of relationship?	Why did it end?

Describe your relationship with the parent of your children (examples: loving, supportive, overly dependent, controlling, abuse, distant).

Do any other parents/persons help to support your children?

Name	How do they support the children?

Are you court ordered to receive or pay child support?

To/From whom?

How much? Amount unpaid:

Have you or any family members been arrested or had any contact with law enforcement: Please list all charges, dates, found guilty or not guilty:

Are you or any family members on probation, and for what? Name of probation officer?

Do any family members owe fines/restitution?
To Whom? Amount Owed?

Presenting Problem

Why do you think HHS became involved with your family?

Do you believe that your child's safety and welfare were/are at risk? Why or why not?

What would you like your family's situation to look like a year from now?

Previous Services

As a child, were you or any of your siblings ever placed out of the home?

Have any of your children ever been placed out of the home?

Has your family ever been involved with DHS in another state? Why? Where? When?

What services are you not receiving that you think would help?

Check the services you and/or your children have used:

- ☐ Community Action Agency
- ☐ HUD/Section 8 Housing
- ☐ Mental Health
- ☐ Public Health
- ☐ BHIS
- ☐ Domestic Violence
- ☐ WIC
- ☐ PROMISE JOBS
- ☐ Area Education Agency
- ☐ Other:
- ☐ Shelter/Transportation
- ☐ Substance Abuse
- ☐ Transitional Housing
- ☐ Emergency Shelter

Monthly Household Income:

Employment	FIP	Food Assistance	Child Support	Housing	VA Benefits
Disability	SSI	Unemployment	Other:	Other:	Other:

Monthly Household Expenses:

Rent/Mortgage	Water/Sewer/Garbage	Gas/Electric	Loans	Day Care	Cell Phone
Home Phone	Credit Cards	Cable/Satellite	Car Loan	Insurance	Medical
Fines	Probation Fees	Old Bills	Other:		

Employment History (Past 5 years starting with most current)

- Mother

Employer	Position	FT/PT	Length of Time	Reason for Leaving

- Father

Employer	Position	FT/PT	Length of Time	Reason for Leaving

Current Work Schedule:

Do you have reliable transportation? Do you have a valid driver's license?

Education

	All Schools	Location	Current Grade/Last Grade Completed	Special Education or Learning Disabilities
Father				
Mother				
Child				
Child				
Child				
Child				

Have you or your children ever completed and Individualized Education Plan (IEP) or any other type of educational evaluation? Where? Please attach a copy.

What are your children's current grades? Please attach a copy of the most current report card.

What expectations do you place on your children for academics and attendance?

Family Strengths

Please tell us about your family's strengths. (Examples: child does well in school, parent has been employed for how long, grandmother is patient with grandchildren, etc.)

- Mother's Strengths:

- Father's Strengths:

- Children's Strengths:

Mental/Physical Health

Have you or anyone in your family ever received treatment/services for a mental health issue?

- Maternal (Mother's) Family Mental Health

	Relationship (Self, mother, father, sibling)
☐ ADHD	
☐ Bipolar	
☐ Depression	
☐ Drug Addiction	
☐ Personality Disorder	
☐ Schizophrenia	
☐ Other	

Where diagnosed?

When diagnosed?

Age of first symptoms?

Current medications prescribed and by whom?

How does it affect your life?

- Paternal (Father's) Family Mental Health

	Relationship (Self, mother, father, sibling)
☐ ADHD	
☐ Bipolar	
☐ Depression	
☐ Drug Addiction	
☐ Personality Disorder	
☐ Schizophrenia	
☐ Other	

Where diagnosed?

When diagnosed?

Age of first symptoms?

Current medications prescribed and by whom?

How does it affect your life?

- Children's Mental Health

	Relationship (Self, mother, father, sibling)
☐ ADHD	
☐ Bipolar	
☐ Depression	
☐ Drug Addiction	
☐ Personality Disorder	
☐ Schizophrenia	
☐ Other	

Where diagnosed?

When diagnosed?

Age of first symptoms?

Current medications prescribed and by whom?

How does it affect child's life?

Prenatal History

Prenatal history:

Prenatal Care: (mom's age, planned pregnancy, feelings regarding pregnancy, when knew pregnant, when saw doctor):

Complications during pregnancy: (early childhood, exposure to domestic violence in utero, preeclampsia, gestational diabetes, etc.)

Medications prescribed during pregnancy: ☐ Yes ☐ No

Cigarettes used during pregnancy: ☐ Yes ☐ No

Alcohol used during pregnancy: ☐ Yes ☐ No

Street drugs used during pregnancy: ☐ Yes ☐ No

Description of substances type and frequency of use:

Labor and Delivery: (please describe type of delivery)

Description of complications during labor and delivery: (early/late/on time, weight at birth, etc)

Physical Health and Development

Do your children have any diagnosed developmental delays? Who?

Name of Child:

Development	Age
Rolled Over	
Crawled	
Walked	
Fed Self	
Saying Words	
Toilet Trained	
Sat Alone	
Dressed Self	
Saying Sentences	

Does this child have any eating problems? Please explain.

Sleeping problems? Please explain.

Is this child allergic to anything?

Are this child's immunizations up to date? Please attach a copy.

Who is this child’s current physician and dentist? Last appointments?

Please list child’s past hospitalizations:

Name of Child:

Development	Age
Rolled Over	
Crawled	
Walked	
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Does this child have any eating problems? Please explain.

Sleeping problems? Please explain.

Is this child allergic to anything?

Are this child's immunizations up to date? Please attach a copy.

Who is this child's current physician and dentist? Last appointments?

Please list child's past hospitalizations:

Mark (x) applicable areas and **indicate the relationship of the person with the problem to the child** (father, mother, maternal grandmother, paternal uncle, etc.)

Illness	Relationship
☐ AIDS/HIV	
☐ Allergies	
☐ Alzheimer's	
☐ Arthritis	
☐ Asthma	
☐ Blood Disorders	
☐ Cancer	
☐ Cerebral Palsy	
☐ Cystic Fibrosis	
☐ Diabetes	
☐ Epilepsy	
☐ Heart Disease	
☐ Huntington's Chorea	
☐ Hypertension	
☐ Kidney	
☐ Muscular Dystrophy	
☐ Pregnancy/Delivery	
☐ Rheumatic Fever	

Illness	Relationship
☐ Scoliosis	
☐ Stroke	
☐ Tuberculosis	

Family Drug History	Relationship
☐ Alcohol ☐ Cocaine	
☐ Heroin	
☐ Marijuana ☐ Methamphetamine	
☐ Other	
☐ Prescription Drugs ☐ Tobacco	

Is there any current use of drugs or alcohol by family members?

- Maternal (Mother's) Family

Who?	What triggers the usage?
What?	How does usage affect life?
Average use?	Treatment/drug evaluations sought or completed?
Where?	When?

- Paternal (Father's) Family

Who?	What triggers the usage?
What?	How does usage affect life?
Average use?	Treatment/drug evaluations sought or completed?
Where?	When?

- Child:

Who?	What triggers the usage?
What?	How does usage affect life?
Average use?	Treatment/drug evaluations sought or completed?
Where?	When?

- Child:

Who?	What triggers the usage?
What?	How does usage affect life?
Average use?	Treatment/drug evaluations sought or completed?
Where?	When?

Native American Cultural History

Does Indian Child Welfare Act apply? ☐ **Yes** ☐ **No**
Enrolled? ☐ **Yes** ☐ **No**

Tribe name?

Clan name? **Band Name?**

Who is your elder?

Who is your family matriarch?

What ceremonies/events do you attend?

What customs/beliefs do you adhere to?

Cultural History

Please describe any cultural supports your family uses:

What customs/beliefs do you adhere to?

What holidays/events do you celebrate specific to your culture?