

Social/Psychological History

Father's Name: _____

If any of the following are applicable, please be prepared to discuss the situation(s) with your caseworker during your individual interview. Additional documentation may be requested, and/or staffing with the Social Work Director.

Adoptive Father	List all applicable dates
Prior Arrests:	
Prior Convictions:	
Prior Accusations of Child Abuse or Neglect:	
Prior Convictions of Child Abuse or Neglect:	
Drug Rehabilitation:	
Alcohol Rehabilitation:	
Prior Negative Home Study Completed:	
Prior Turn-Down By An Adoption Agency:	
Other than Honorable Discharge from Military:	
In or Out Patient treatment for Mental Illness	
Medication taken for mental illness (including depression)	

Client's Signature

Date