

**Social/Psychological History**

**Mother'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.

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

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date