



# Background and Health History

A tool for collecting important information  
about all children in out-of-home care

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Minnesota Department of Human Services  
Child Safety and Permanency Division  
PO Box 64243  
St. Paul, MN 55164-0243  
[www.dhs.state.mn.us](http://www.dhs.state.mn.us)

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This information is available in alternative formats to individuals with disabilities by calling your county worker. TTY users can call through Minnesota Relay at (800) 627-3529. For Speech-to-Speech, call (877) 627-3848. For additional assistance with legal rights and protections for equal access to human services programs, contact your agency's ADA coordinator.

## Background

The collection and transfer of information pertaining to a child's health and social history is extremely important for identifying and meeting the child's needs. State law requires that specific health and social history be given to a child's adoptive parents or other permanent caretakers. When the information cannot be given to the adoptive parent or other permanent caretaker, the child suffers.

Conscientious efforts to obtain and record information in this booklet will benefit the child and the child's caregivers. The information may later help children gain a better understanding of what happened during this important period of their life. It could also prove invaluable to the parents, if the children return home, or to the adoptive parents or permanent caregivers if the child's parents terminate their parental rights.

## Instructions

- Section A: Complete for every child in out-of-home care, for each out-of-home placement, and update at each Administrative Review.
- Sections A and B: Do not give this identifying information about the child and the child's family and to the adoptive parents or permanent caretakers. [Minnesota Statutes, section 259.43 requires that the identity of the child's parents be protected when health and social history information is given to adoptive parents.]
- Sections C and D: This non-identifying information may be photocopied or given directly to the adoptive parents or permanent caregivers.
- Give the "Birth Parent Social and Medical History" form (DHS-3205) to the birth parents to complete, when there is a concurrent permanency planning case open or whenever a Termination of Parental Rights petition will be pursued.
- Complete, to the extent possible, the family and health information contained in the "Birth Parent Social and Medical History" form (DHS-3205) in all out-of-home placement situations.

# Section A

Date form completed: \_\_\_\_\_

## Identifying information on child

FIRST NAME:	MIDDLE NAME:	LAST NAME:		
ALIAS (nicknames, etc.):		BIRTH DATE:		
BIRTH PLACE:	GENDER:	HEIGHT:		
WEIGHT:	EYE COLOR:	HAIR COLOR:		
RACE		HISPANIC HERITAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No	IWCA <input type="checkbox"/> Yes <input type="checkbox"/> No	TRIBE
Enrolled? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for enrollment? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Member? <input type="checkbox"/> Yes <input type="checkbox"/> No		Eligible for membership? <input type="checkbox"/> Yes <input type="checkbox"/> No		
SSN:		PMI/MA:		
Placement Legal Status? <input type="checkbox"/> Voluntary		<input type="checkbox"/> Court-ordered		<input type="checkbox"/> Guardianship

## Placement record

Start date	End date	Provider name, address, phone	Reason for placement	Result (e.g., return home)

## Medical providers

### Doctor

Name	Address	Phone

### Dentist

Name	Address	Phone

### Counselor/Therapist

Name	Address	Phone

## Section B

### Birth family information

#### Mother

FIRST NAME:	MIDDLE NAME:	LAST NAME:	
BIRTH DATE:	STATE/COUNTRY:		
RACE:	HISPANIC HERITAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		NATIONALITY:
Marital status at time of child's birth: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
If American Indian, specify tribe(s):			
Enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#### Father

FIRST NAME:	MIDDLE NAME:	LAST NAME:	
BIRTH DATE:	STATE/COUNTRY:		
RACE:	HISPANIC HERITAGE? <input type="checkbox"/> Yes <input type="checkbox"/> No		NATIONALITY:
Marital status at time of child's birth: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Legally separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed			
If American Indian, specify tribe(s):			
Enrolled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for enrollment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Member?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Eligible for membership?	<input type="checkbox"/> Yes <input type="checkbox"/> No

### Information about child's brothers and sisters (use additional sheets as necessary)

Gender			
Name			
Birth date			
If deceased, age at death			
If deceased, cause of death			
Race			
Nationality			
Last grade completed			
Living with other sibling(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify siblings:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify siblings:	<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify siblings:
Living arrangement	<input type="checkbox"/> Birth parent <input type="checkbox"/> Relatives <input type="checkbox"/> Relative foster care <input type="checkbox"/> Non-relative foster care <input type="checkbox"/> Adoptive home <input type="checkbox"/> Other – specify:	<input type="checkbox"/> Birth parent <input type="checkbox"/> Relatives <input type="checkbox"/> Relative foster care <input type="checkbox"/> Non-relative foster care <input type="checkbox"/> Adoptive home <input type="checkbox"/> Other – specify:	<input type="checkbox"/> Birth parent <input type="checkbox"/> Relatives <input type="checkbox"/> Relative foster care <input type="checkbox"/> Non-relative foster care <input type="checkbox"/> Adoptive home <input type="checkbox"/> Other – specify:
Child's address			

## Section C

### Non-identifying information on child

The following sections may be photocopied for the adoptive parents or permanent caregiver.

#### Child's condition at placement

1. Briefly describe the reason(s) for placement:

2. Briefly describe home from which child was removed:

3. Describe appearance of child at time of placement:

4. Child's education *(where appropriate)*

School name and address	Grade	IEP? <input type="checkbox"/> No <input type="checkbox"/> Yes (attach copy)	Attendance dates	Contact name and phone
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Academic ability:

Social interaction with other children and teachers:

Learning disorders:

Speech or language difficulties:

Special interests or talents:

Any pre-school learning opportunities (e.g., Head Start, Early Child and Family Education):

5. Interaction between child and parents (quantity and quality):

Mother/child interaction:

Father/child interaction:

6. Medical condition of child

Current medication/dosage/purpose:

Immunizations:     Up-to-date     Need updating

<b>Immunizations</b>	Date given				
<b>Diphtheria Tetanus Pertussis</b>					
DTP					
DtaP					
DTP/Hib					
DT – Pediatric					
Td booster (needed every 10 years)					
Polio – OPV					
Polio – IPV					
Measles, Mumps, Rubella Vaccine					
Typhoid Vaccine					
Varicella (Chicken Pox)					
Haemophilus influenza b					
Hib					
DTP/Hib					
Hepatitis B					
Hepatitis A					
Pneumococcal					
Influenza					

Known medical problems, allergies, chronic or acute illnesses:

7. Summary of psychological assessments:

## Section D

Check any of the following behaviors currently manifested by the child.

### Child's behavior checklist

<input type="checkbox"/> Affectionate	<input type="checkbox"/> Sleep abnormalities	<input type="checkbox"/> Poor conscience development
<input type="checkbox"/> Helpful	<input type="checkbox"/> Bed wetting	<input type="checkbox"/> Social immaturity/wide variations in level of behavior and reactions
<input type="checkbox"/> Cooperative	<input type="checkbox"/> Daytime lack of bladder/bowel control	<input type="checkbox"/> Chemical abuse
<input type="checkbox"/> Likes to please	<input type="checkbox"/> Crying	<input type="checkbox"/> Indiscriminate affection
<input type="checkbox"/> Good listener	<input type="checkbox"/> Withdrawn	<input type="checkbox"/> Sexual acting out
<input type="checkbox"/> Considerate of others	<input type="checkbox"/> Forgetful	<input type="checkbox"/> Stealing
<input type="checkbox"/> Good with peers	<input type="checkbox"/> Lying	<input type="checkbox"/> Running away
<input type="checkbox"/> Enjoys adult attention	<input type="checkbox"/> Over competency	<input type="checkbox"/> Aggressive/assaultive
<input type="checkbox"/> Follows directions	<input type="checkbox"/> Poor impulse control	<input type="checkbox"/> Destructive to property
<input type="checkbox"/> Eats well	<input type="checkbox"/> Lack of self awareness (physical and emotional)	<input type="checkbox"/> Fire setting
<input type="checkbox"/> Sleeps well	<input type="checkbox"/> Oppositional	<input type="checkbox"/> Other:

1. How are the above behaviors manifested (to whom, where, is it age appropriate)?

2. What are the current methods of management?

3. What has worked in the past?

4. How does the child keep him/herself occupied?

5. What are the child's strengths and weaknesses?

6. What are the child's hobbies and talents?

7. Comments regarding child's behavior:

**Child's mood or demeanor** (check as many as apply)

<input type="checkbox"/> Outgoing/friendly	<input type="checkbox"/> Confused	<input type="checkbox"/> Sullen/withdrawn
<input type="checkbox"/> Happy	<input type="checkbox"/> Tearful/sad	<input type="checkbox"/> Complaining/irritable
<input type="checkbox"/> Fearless	<input type="checkbox"/> Anxious/worried	<input type="checkbox"/> Angry
<input type="checkbox"/> Fearful	<input type="checkbox"/> Total absence of emotion	<input type="checkbox"/> Antagonistic
<input type="checkbox"/> Other:		

Comments regarding the child's mood or demeanor:

**Peer Relationships** (check those that apply)

<input type="checkbox"/> Prefers one or two friends	<input type="checkbox"/> Prefers playing alone
<input type="checkbox"/> Likes to play with other children	<input type="checkbox"/> Hesitant to join group of children
<input type="checkbox"/> Shows leadership ability	<input type="checkbox"/> Rejected by other children due to behavior
<input type="checkbox"/> Other:	

Comments regarding peer relationships:

**Relationships with others** (check those that apply)

<input type="checkbox"/> Clings to one particular person. Who?	<input type="checkbox"/> Refuses to get close to a particular person. Who?
<input type="checkbox"/> Fears strangers	<input type="checkbox"/> Willing to go with strangers
<input type="checkbox"/> Cautiousness appropriate for child's age	<input type="checkbox"/> Other:

Comments regarding relationship with others:



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