Minnesota Department of **Human Services**

Instructions for Completing a Social and Medical History for a Child in Foster Care

Statutory requirements

- Responsible agency must complete a detailed, thorough, currently up-to-date social and medical history of a child on the form required by the commissioner (DHS-6754A)
- Responsible agency must include background and health information about a child, their birth parents, and other birth relatives
- Responsible agency must begin work on a social and medical history no later than the permanency progress review hearing, or six months after a child's placement in foster care
- Responsible agency must provide a copy of a child's social and medical history to an adopting parent and must also thoroughly discuss the child's history with the adopting parent
- Child social and medical history must not include identifying information
- Redacted copies of a child's relevant evaluations, assessments and records must be attached to the social and medical history.

[Minnesota Statutes, sections 259.43; 260C.609; 260C.208; 260C.219 (e)]

Purposes

- Document family background information to guide practice and develop appropriate interventions
- Assist in the foster and adoption matching process
- Collect and document information to comply with requirements for full disclosure to an adopting parent about a child.
- Provide a child with a comprehensive written document of his/her life history prior to and while in foster care
- Document a child's physical, mental, social/emotional, or behavioral disability, or how a child is at-risk of developing one or more disabilities, to establish eligibility for adoption assistance
- Provide a child with their family medical and genetic history information.

To whom it is given and when

- Adopting parent – prior to adoptive placement (signing an Adoption Placement Agreement, DHS-0312)
- Minnesota Department of Human Services – accompanying the Adoption Placement Decision Summary (DHS-0312A)
- Court with jurisdiction in the adoption proceeding – accompanying an adoption petition
- Youth who emancipates from foster care.

Where to find information to include

- Ask people who know the child, including:
  - Parents
  - Child
  - Relatives/family friends
  - Neighbors
  - Godparents
  - Teachers, child care providers, faith leaders
  - Coaches, activity leaders
  - Mentors
  - Guardians ad litem

- Child's birth, medical, immunization and dental records
- Child's evaluations and assessments
- Child's therapeutic records, including treatment plans and therapist notes
- Child's school records, including Individualized Education Plan (IEP) assessments and plans
- Child protection investigator's Social Service Information System (SSIS) case notes of initial interviews for maltreatment assessments
- Case transfer summaries
- Petitions and court orders related to emergency removal hearing, Children in Need of Protection or Services or Neglected and in Foster Care (CHIPS), and permanency
- Relative search documents
- Family Group Decision Making conference notes
- Notes from supervised parent-child visits
- Summary information from parent's assessments and evaluations.

Guidelines

- Begin adding information to the child social and medical history at initial reading of a newly assigned case file.
- A social and medical history should be started as soon as a child enters foster care and must be continuously updated, as applicable, until permanency is achieved through reunification, transfer of permanent legal and physical custody or adoption, or until a youth leaves foster care after reaching age 18. When updating a social and medical history, do not delete historical information; instead, add new information and record a date to distinguish between previous and current information.
- If an agency has specialized roles for social workers serving children and families, consider having each worker complete the sections of the social and medical history form applicable to their role (e.g., the child protection social worker complete sections C and G).
- Begin requesting birth, medical, immunization and dental records immediately.
- Ensure a child has current evaluations and assessments. If not, begin referral process.
- Have birth parents assist in completing information early in the child protection case versus immediately before or after a Termination of Parental Rights (TPR) trial.
- Give blank social and medical histories to people who know the child (relatives, foster parents, GAL, therapist, teacher) and ask them to complete sections that pertain to their knowledge of the child.
- Be as thorough and specific as possible with details, particularly about the abuse or neglect experienced by a child and its impact.
- Be straightforward with uncomfortable information, but present it in the most sensitive manner possible.
- Clearly document the reasons a child cannot live with their birth parents.
- Document as much historical information that can be determined – particularly developmental milestones – even for years a child was not in foster care.
- Document a child's placement history as thoroughly as possible, including dates, care providers' first names and most accurate reason for removal.
- Include as much positive information about a child and birth family members as possible.
- Provide as many specific details as possible about the birth parents, particularly what they look like.
- Cite sources of information, particularly verbal reports.
- Complete every section of the document. If something is not applicable or unknown, indicate that.
- Specify the frequency and severity of a child's challenging behaviors, as well as if behaviors are still occurring or when they last occurred.
- Do **not** include identifying information.
- Include **redacted** copies of all relevant attachments regarding a **child**, including:
  - Birth, medical, dental, immunization records
  - Psychological or psychiatric evaluations
  - Attachment assessments
  - IEPs and other school documents
  - Photos.

"Redacted" means that private data and identifying information has been removed from documents before they are attached to the social and medical history and released. Redaction is frequently accomplished through blacking- or whiting-out words and numbers so they are no longer legible.

- Do not include copies of any attachments where the child's parents are the subject of the document. Relevant information about the parents must be summarized in the child's social and medical history if the information has implications for the child; however, any documents in their entirety, even documents from which relevant information was collected, may not be included as attachments to the child's social and medical history.
- Ensure compliance with all federal and state laws regarding disclosure of identifying and non-identifying information. For data privacy questions, consult with a county attorney.
- Give a copy of a child's social and medical history to the adopting parent(s) and thoroughly discuss the child's history with them.
- Explain to the adopting parent(s) the limitations of information-gathering and disclosure.
- Have the adopting parent(s) sign/date an acknowledgement of receipt of the social and medical history and each specific attachment provided (DHS-6754B). Keep the acknowledgement in the child's case file.

Attention. If you need free help interpreting this document, ask your worker or call the number below for your language.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اطلب ذلك من مشرفك أو اتصل على الرقم 1-800-358-0377.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមសួរអ្នកកាន់សំណុំរឿង របស់អ្នក ឬហៅទូរស័ព្ទមកលេខ 1-888-468-3787 ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, pitajte vašeg radnika ili nazovite 1-888-234-3785.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntawv no pub dawb, ces nug koj tus neeg lis dej num los sis hu rau 1-888-486-8377.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ຟຣີ, ຈົ່ງຖາມພະນັກງານກໍາກັບການຊ່ວຍເຫຼືອ ຂອງທ່ານ ຫຼື ໂທຣໄປທີ່ 1-888-487-8251.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, hojjettoota kee gaafadhu ykn afaan ati dubbattuuf bilbilli 1-888-234-3798.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, обратитесь к своему социальному работнику или позвоните по телефону 1-888-562-5877.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, hawlwadeenkaaga weydiiso ama wac lambarka 1-888-547-8829.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, comuníquese con su trabajador o llame al 1-888-428-3438.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi nhân viên xã hội của quý vị hoặc gọi số 1-888-554-8759.

LB1-0001 (3-13)

ADA5 (12-12)

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