



Parent Social History
CONFIDENTIAL

(PLEASE DO NOT LEAVE ANY BLANKS)

Father:				DOB:			
Address:							
City			Zip:		Phone:		
SSN:				License #:			
Employer:							
Race:			Primary Language:				
Criminal History:							
Gang Involvement:							
Substance Abuse History:							
Mental Health History:							
Mother:				DOB:			
Address:							
City			Zip:		Phone:		
SSN:				License #:			
Employer:							
Race:			Primary Language:				
Criminal History:							
Gang Involvement:							
Substance Abuse History:							
Mental Health History:							
Step-Father:				DOB:			
Address:							
City			Zip:		Phone:		
SSN:				License #:			
Employer:							
Race:			Primary Language:				
Criminal History:							
Gang Involvement:							
Substance Abuse History:							
Mental Health History:							

Email for Parent: _____



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Step-Mother::		DOB:	
Address:			
City		Zip:	Phone:
SSN:		License #:	
Employer:			
Race:		Primary Language:	
Criminal History:			
Gang Involvement:			
Substance Abuse History:			
Mental Health History:			

Siblings

Name:		DOB:		Relationship:	
Criminal History:					
Name:		DOB:		Relationship:	
Criminal History:					
Name:		DOB:		Relationship:	
Criminal History:					
Name:		DOB:		Relationship:	
Criminal History:					
Name:		DOB:		Relationship:	
Criminal History:					
Does anyone else live in the home?					

Home Life

Type of residence? (House, apartment, mobile home, etc.)					
Number of bedrooms?		Does the child share a room?			
Has your child ever lived outside of the home?					
If so, where and when?					
Does your family have any contact with any other outside agency?					
Name of outside agency?					



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Medical / Mental Health History

Does your child have medical insurance?		Dental?	
Policy #:		Group #:	
Does your child have any health related issues?			
Does your child have any mental health related issues?			
Please list any prior treatment(s):			

Medications for Child: _____

Financial Information

Parent(s) income:	
Are you receiving any other income or assistance?	
How much?	

Parent(s) income:	
Are you receiving any other income or assistance?	
How much?	

Qualify for Free or Reduced Lunch: _____

General

Describe the child's behavior at home:	
Describe the child's behavior at school:	
Do you have any suggestions how the probation department might help your child?	
Is there anything else you would like me to know?	
Does Child have a Part-Time job?	
Does Child have Limited English (LEP services):	



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Please provide copies of social security card, birth certificate, and current insurance card. If this child does not have medical insurance, please let us know so we can work together to get this child medical and dental insurance.

I certify that the above information is true and correct.

Signature of Parent

Date

Probation Officer's Signature

Date