

## DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF PUBLIC WELFARE BUREAU OF SOCIAL SERVICES ADMINISTRATION 194 Hernan Cortez Avenue, Suite 309

194 Hernan Cortez Avenue, Suite 309 Hagatna, Guam 96910-5052 Telephone No: (671) 475-2653/2672



## SOCIAL STUDY QUESTIONNAIRE

Note: Please type or print legibly in black or blue ink.

A. Personal Information:		
Legal Name: (Last):	(First):	(Middle):
Legai Name. (Last).	(First).	(wilddie).
Date of Birth:	Age:	
Place of Birth – City & State:		
Citizenship:	Ethnicity:	
Social Security Number (Optional)		·
Home Phone No: Work No:		
E-mail Address:		
Residential Address:		
Mailing Address:		
B. Name of Children:		*****
Please list names of your natural/ad	looted children from	oldest to youngest. Use an
additional sheet of paper if necessa		, ,
1. Name:	Date of B	irth:
Name of School:	Grade:	
Work Place, if applicable:	,	
Occupation:		
Residential Address: (City & State)		
2. Name:	Date of B	irth:
Name of School:	Grade:	
Work Place, if applicable:		
Occupation:		
Residential Address: (City & State)		
3. Name:	Date of B	irth:
Name of School:	Grade:	
Work Place, if applicable:		
Occupation:		
Residential Address: (City & State)		
4. Name:	Date of B	irth:
Name of School:	Grade:	
Work Place, if applicable:		
Occupation:		
Residential Address: (City & State)		
5. Name:	Date of B	irth:
Name of School:	Grade:	
Work Place, if applicable:		
Occupation:		
Residential Address: (City & State)		
6. Name:	Date of B	irth:
Name of School:	Grade:	
Work Place, if applicable:		
Occupation:		

7. Name:   Date of Birth:   Name of School:   Grade:   Work Place, if applicable:   Occupation:   Residential Address: (City & State)    8. Name:   Date of Birth:   Name of School:   Grade:   Work Place, if applicable:   Occupation:   Residential Address: (City & State)    9. Name:   Date of Birth:   Name of School:   Grade:   Work Place, if applicable:   Occupation:   Residential Address: (City & State)    9. Name:   Date of Birth:   Name of School:   Grade:   Work Place, if applicable:   Occupation:   Residential Address: (City & State)    10. Name:   Date of Birth:   Name of School:   Grade:   Work Place, if applicable:   Grade:   Work Place, if applicable:   Grade:   Work Place, if applicable:   Occupation:   Residential Address: (City & State)    C. Marital Background:   Marital Status:   Single   Married   Divorced   Widowed   Separated   If other than married, are you presently in a relationship?   Yes   No   If won, number of previous marriages:   D. Family Background:   Name of Father:   Age:   Is Father still living?   Yes   No   If No, please indicate the date, age and cause of death:   Residential Address of Father:   Occupation:   Name of Mother:   Age:   Is Mother still living?   Yes   No   If No, please indicate the date, age and cause of death:   Residential Address of Mother:   Occupation:   Are your parents married?   Yes   No   If Yes, how many years have they been divorced or in a relationship?   If Myoned, did they remary?   Yes   No   If Wes, how many years have they been divorced or in a relationship?   If divorced, did they remary?   Yes   No   If Wes, how many years have they been divorced or in a relationship?   If divorced, did they remary?   Yes   No   If Wes, how many years have they been divorced or in a relationship?   If divorced, did they remary?   Yes   News list the names of your sibilizes from added to   Sibilizes (Gradues and Sieters).   Plassa list the names of your sibilizes from added to			
Name of School:    Name			
Work Place, if applicable: Occupation: Residential Address: (City & State)  8. Name: Name of School: Work Place, if applicable: Occupation: Residential Address: (City & State)  9. Name: Name of School: Work Place, if applicable: Occupation: Residential Address: (City & State)  9. Name: Name of School: Work Place, if applicable: Occupation: Residential Address: (City & State)  10. Name: Date of Birth: Name of School: Work Place, if applicable: Occupation: Residential Address: (City & State)  10. Name: Name of School: Work Place, if applicable: Occupation: Residential Address: (City & State)  C. Marital Background: Marital Status: [] Single [] Married [] Divorced [] Widowed [] Separated if other than married, are you presently in a relationship? [] Yes [] No If No, number of previous marriages:  D. Family Background: Name of Father: Age:   Is Father still living? [] Yes [] No If No, please indicate the date, age and cause of death: Residential Address of Father: Occupation:  Name of Mother: Age:   Is Mother still living? [] Yes [] No If No, please indicate the date, age and cause of death: Residential Address of Mother: Occupation: Are your parents married? [] Yes [] No If Yes, how many years have your parents been married? If Yes, how many years have they been divorced or in a relationship? If divorced, did they remarry? [] Yes [] No If divorced, did they remarry? [] Yes [] No If divorced, did they remarry? [] Yes [] No If divorced, did they remarry? [] Yes [] No			
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If divorced, did they remarry? [ ] Yes [ ] No			
Siblings (Brothers and Sisters) - Diagon list the names of your siblings from sidest to			
Siblings (Brothers and Sisters) - Please list the names of your siblings from oldest to			
youngest. Use an additional sheet of paper if necessary:			
1. Name: Age:			
Marital Status: No. of children:			
Place of residency: Occupation:			
Deceased [ ] Alive [ ] If deceased, cause of death:			

2. Name:	Age:		
Marital Status:	No. of children:		
Place of residency:	Occupation:		
Deceased [ ] Alive [ ] If deceased, cause of death:			
3. Name:	Age:		
Marital Status:	No. of children:		
Place of residency:	Occupation:		
Deceased [ ] Alive [ ] If deceased, cause of death:			
4. Name:	Age:		
Marital Status:	No. of children:		
Place of residency: Occupation:			
Deceased [ ] Alive [ ] If deceased, cause of			
5. Name:	Age:		
Marital Status:	No. of children:		
Place of residency:	Occupation:		
Deceased [ ] Alive [ ] If deceased, cause of d			
6. Name:	Age:		
Marital Status:	No. of children:		
Place of residency:	Occupation:		
Deceased [ ] Alive [ ] If deceased, cause of	death:		
7. Name:	Age:		
Marital Status:	No. of children:		
Place of residency:	Occupation:		
Deceased [ ] Alive [ ] If deceased, cause of	death:		
8. Name:	Age:		
Marital Status:	No. of children:		
Place of residency:	Occupation:		
Deceased [ ] Alive [ ] If deceased, cause of	death:		
9. Name:	Age:		
Marital Status:	No. of children:		
Place of residency:	Occupation:		
Deceased [ ] Alive [ ] If deceased, cause of			
10. Name:	Age:		
Marital Status:	No. of children:		
Place of residency:	Occupation:		
Deceased [ ] Alive [ ] If deceased, cause of death:			
E. Educational Background:			
The second secon	hen:		
Where:			
Post Secondary Education:			
Address (City & State):  Name of College or University:			
Address (City & State):			
Name of College or University:			
Degree earned: When completed:			
Address (City & State):			
Name of College or University:	M/han completed:		
Degree earned: none	When completed:		

E Emplement Believe and
F. Employment Background:
Please list employment history starting with the most recent:
1. Name of Business or Govt. Agency:
Address (City & State):
Position Title:
Contact No:
Length of Employment:
Length of Employment.
O. Maria C. Davida
2. Name of Business or Govt. Agency:
Address (City & State):
Position Title:
Contact No:
Length of Employment:
3. Name of Business or Govt. Agency:
Address (City & State):
Position Title:
Contact No:
Length of Employment:
A Name of Business on Court Assessment
4. Name of Business or Govt. Agency:
Address (City & State):
Position Title:
Contact No:
Length of Employment:
5. Name of Business or Govt. Agency:
Address (City & State):
Position Title:
Contact No:
Length of Employment:
G. Military History:
Have you ever enlisted in the United States Military? [ ] Yes [ ] No
If Yes, what branch of military?
Date of Enlistment : Years of Service:
Date of Discharge or Retirement: Type of Discharge: Rank:
Pate of Disorarge of Neuroniciti. Type of Disorarge.
L. Dalician Pankawayanda
H. Religion Background:
han it is a series of
What is your religious affiliation?
What religious activities do you participate in?
Sunday services and Wednesday bible study
Do you encourage your children to practice your religion? [ ] Yes [ ] No
I. Criminal History:
Do you have a history as an offender of Substance Abuse, Sexual Abuse, Child
Abuse, and/or Family Violence? [ ] Yes [ ] No
If Yes, please provide dates and places:
n rea, piedae provide dates and piaces.
Lieu Constitution
Have you ever been arrested of Substance Abuse, Sexual Abuse, Child Abuse, and/or
Family Violence? [ ] Yes [ ] No
If Yes, please provide dates and places:
Have you ever been convicted of Substance Abuse. Sexual Abuse. Child Abuse, and/or

Revised: 10/15/2009

Family Violence? [ ] Yes [ ] No If Yes, please provide dates and places:	
Have you and/or your spouse (if applicable) ever been a sustudy?  [ ] Yes [ ] No	ubject of an unfavorable social
[ ] Yes [ ] No If Yes, provide dates and places:	
J. <u>Household Composition:</u>	<del></del>
Please list all persons living in the home <u>other</u> than you additional sheet of paper if necessary:	
Name Date of Birth	Relationship
THE INFORMATION GIVEN BY ME IN THIS SOCIAL FORM IS TRUE, CORRECT, AND COMPLETE KNOWLEDGE.	
FAILURE TO DISCLOSE OR COOPERATE ON THE IN ABOVE MAY RESULT IN AN INCOMPLETE SOCIAL S	
Signature of Applicant/Petitioner/Party D	ate