



Home Evaluation and Placement Services  
Bureau of Social Services Administration  
Division of Public Welfare  
Department of Public Health and Social Services



**INSTRUCTIONS**

**FOR**

**SOCIAL STUDY QUESTIONNAIRE**

The Social Study Questionnaire is provided to all applicants/petitioners/parties requiring social studies from the Home Evaluation and Placement Services (HEPS) Section. HEPS services may include the processing of social studies for Adoption/Termination of Parental Rights (TPR), Custody, Guardianship, Inter-Country Adoption Board (ICAB), U.S. Citizenship and Immigration Services (USCIS), or Off-Island Request for Placements. This questionnaire will help the social worker gather and complete the required social study report pertinent to the requested services.

**To ensure the questionnaire is complete, please read the instructions below:**

**A. PERSONAL INFORMATION**

Enter the legal last name, first, and middle name (***Please PRINT***). Enter the date of birth, age, place of birth with city and state, citizenship, ethnicity, social security number (*optional*), home and work contact numbers, e-mail address, complete residential and mailing address.

**B. NAME OF CHILDREN**

Please list down all the names of your natural/adopted children. Provide all required information on your children such as date of birth, name of school, grade, work place (*if applicable*), occupation, and residential address with city and state.

**C. MARITAL BACKGROUND**

Place a check mark in the appropriate boxes and answer question where applicable.

**D. FAMILY BACKGROUND**

**1) Father**

Enter the name of your father (***Please PRINT***) and write his age. Place a check mark in the appropriate box. Answer questions

where applicable. Write the complete residential address and occupation.

**2) Mother**

Enter the name of your mother (***Please PRINT***) and write her age. Place a check mark in the appropriate boxes. Answer questions where applicable. Write the complete residential address and occupation.

**3) Siblings (*Brothers and Sisters*)**

Please list all the names of your siblings from oldest to youngest. Use an additional sheet of paper if necessary (***Please PRINT***). Indicate the part and the number of the item. Enter the age, marital status, number of children, place of residency, and occupation. Place a check mark in the appropriate box. Answer questions where applicable.

**E. EDUCATIONAL BACKGROUND**

Enter your last grade completed, when, and where. Indicate the post secondary education, address with city and state, and when. Enter name of college or university, degree earned, when completed, address with city and state.

**F. EMPLOYMENT BACKGROUND**

List your employment history starting with the most recent. Include the name of business or government agency, address with city and state, position title, contact number, and length of employment.

**G. MILITARY HISTORY**

Place a check mark in the appropriate box. Answer questions where applicable. Enter the date of enlistment, years of service, date and type of discharge or retirement, and rank.

**H. RELIGION BACKGROUND**

Enter your religious affiliation and what religious activities do you participate in. Place a check mark in the appropriate box. Answer questions where applicable.

**I. CRIMINAL HISTORY**

In this area, answer all required questions. Place a check mark in the appropriate boxes. Answer questions for all boxes checked "Yes".

**J. HOUSEHOLD COMPOSITION**

Please identify all persons living in the home other than you and your children. List their names, dates of birth and their relationship to you. Use an additional sheet of paper if necessary. Indicate the part and the number of the item.

Upon completion, read, sign and date the questionnaire. Your signature attests that the information provided is true, correct and complete to the best of your knowledge.

Should you have any questions, please contact your assigned Social Worker at (671) 475-2653/2672.