DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF PUBLIC WELFARE
BUREAU OF SOCIAL SERVICES ADMINISTRATION
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):

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/adopted children from oldest to youngest. Use an additional sheet of paper if necessary:	
1. Name:	Date of Birth:
Name of School:	Grade:
Work Place, *if applicable*:	
Occupation:	
Residential Address: (City & State)	
2. Name:	Date of Birth:
Name of School:	Grade:
Work Place, *if applicable*:	
Occupation:	
Residential Address: (City & State)	
3. Name:	Date of Birth:
Name of School:	Grade:
Work Place, *if applicable*:	
Occupation:	
Residential Address: (City & State)	
4. Name:	Date of Birth:
Name of School:	Grade:
Work Place, *if applicable*:	
Occupation:	
Residential Address: (City & State)	
5. Name:	Date of Birth:
Name of School:	Grade:
Work Place, *if applicable*:	
Occupation:	
Residential Address: (City & State)	
6. Name:	Date of Birth:
Name of School:	Grade:

Work Place, *if applicable*:	
Occupation:	
Residential Address: (City & State)	
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)	
10. Name:	Date of Birth:
Name of School:	Grade:
Work Place, *if applicable*:	
Occupation:	
Residential Address: (City & State)	

C. <u>Marital Background:</u>

Marital Status: [ ] Single [ ] Married [ ] Divorced [ ] Widowed [ ] Separated
If other than married, are you presently in a relationship? [ ] Yes [ ] No
If married, is this your first marriage? [ ] Yes [ ] No
If No, number of previous marriages: _____

D. <u>Family Background:</u>

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 No, how many years have they been divorced or in a relationship?	
If divorced, did they remarry? [ ] Yes [ ] No	

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 death:	
5. Name:	Age:
Marital Status:	No. of children:
Place of residency:	Occupation:
Deceased [ ] Alive [ ] If deceased, cause of death:	
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 death:	
10. Name:	Age:
Marital Status:	No. of children:
Place of residency:	Occupation:
Deceased [ ] Alive [ ] If deceased, cause of death:	
E. <u>Educational Background:</u>	
Last Grade completed:	When:
Where:	
Post Secondary Education:	
Address (City & State):	
Name of College or University:	
Degree earned:	When completed:
Address (City & State):	
Name of College or University:	
Degree earned:	When completed:
Address (City & State):	
Name of College or University:	

Degree earned:	When completed:

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:
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:
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:

H. Religion Background:

What is your religious affiliation?

What religious activities do you participate in?

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:

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

Family Violence? [ ] Yes [ ] No
If Yes, please provide dates and places:

Have you and/or your spouse *(if applicable)* ever been a subject of an unfavorable social study?
[ ] Yes [ ] No
If Yes, provide dates and places:

J. <u>Household Composition:</u>

Please list all persons living in the home <u>*other*</u> than you and your children. Use an additional sheet of paper if necessary:

Name	Date of Birth	Relationship

THE INFORMATION GIVEN BY ME IN THIS SOCIAL STUDY QUESTIONNAIRE FORM IS TRUE, CORRECT, AND COMPLETE TO THE BEST OF MY KNOWLEDGE.

FAILURE TO DISCLOSE OR COOPERATE ON THE INFORMATION PROVIDED ABOVE MAY RESULT IN AN INCOMPLETE SOCIAL STUDY REPORT.

_____ _____

Signature of Applicant **Date**