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|  |  **Child Welfare History** DOC Confinement Alternatives in accordance with SSB 6639 |

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| **Section 1: Completed by DOC** |
| Offender/Parent Name:  |  |  |  | Social Security Number: |  |
|  | Last | First | Middle/Initial | Date of Birth: |  |
| Alias(es): |       |  |  | Gender Identity | [ ]  M [ ]  F [ ]  X |

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| Previous City/States | / | / | Requestor Name: |  | Type: |   |
| Date of Request |  | Request Due Date |  |  |  |  |

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| **Name(s) of Child(ren)** |
|  | **Name** | **Date of Birth** | **Relationship** |  | **Name** | **Date of Birth** | **Relationship** |
| **1** |  |  |  |  **2** |  |  |  |
| **3** |  |  |  |  **4** |  |  |  |
| **5** |  |  |  |  **6** |  |  |  |
| **7** |  |  |  |  **8** |  |  |  |
| **9** |  |  |  | **10** |  |  |  |

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| **Section 2: Completed by DCYF** |
| Completed by:       Title:       Date:        |
| Does the Offender/Parent have Child Abuse (CA)/Neglect (N) history? | [ ]  Yes [ ]  No |  |
| Is there CA/N History for these children? | [ ]  Yes [ ]  No |  |
| Open CA/N case? | [ ]  Yes [ ]  No |  |
| If OPEN CA/N case, custody status of child(ren):  |       | Original Placement Date:       |  |

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| Offender/Parent Tribal affiliation? [ ]  Yes [ ]  No [ ]  Unknown | Child(s) Tribal affiliation? [ ]  Yes [ ]  No [ ]  Unknown |
| If yes, which Tribe?       | 1. If yes, name of Child & Tribe(s)?
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| **List all CA/N history below:** |

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