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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 |  |  |  |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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: |  |

|  |  |
| --- | --- |
| 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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