



HeartGift Social History Form

Name of Child _____ DOB _____ Sex _____

Address _____

City/State/Region/Country _____

Telephone _____ Language (s) _____

Parent or contact person's email address: _____

Father's : Name _____ DOB _____

Occupation _____ Religion** _____

Mother's : Name _____ DOB _____

Occupation _____ Religion** _____

Siblings: Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Name _____ Age _____

Person traveling with child:

Name _____ Relationship to Child _____

Is this person able to read and write in his/her primary language? _____

Please list any medical problems the traveling caregiver has and any medications that the person takes _____

Child's School Grade _____

Favorite: Toys _____ Food: _____

Does the child have food allergies? _____ Does the child have pets? _____

Child does not like _____

**Religion information used only in matching family with a host home.

Completed by: _____ Date _____