ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION FOR THE PURPOSE OF DEVELOPING A FAMILY SUPPORT NETWORK

Case Name: _____

I hereby authorize Erie County Department of Social Services to contact the following relatives and family friends for purposes of developing a family support network:

Contact Details:

Contact 1:

Name:	
Relationship:	
Phone:	

If selected other, please provide details of relationship in space provided below

Contact 2:

Name:	
Relationship:	
Phone:	

If selected other, please provide details of relationship in space provided below

Contact 3:

Name:	
Relationship:	
Phone:	

If selected other, please provide details of relationship in space provided below

Authorization

I understand that I have the right to revoke this Authorization at any time. I may not revoke it to the extent that Erie County Department of Social Services has already relied upon it. I understand that if I revoke this Authorization, I must revoke it in writing to Erie County Department of Social Services.

I understand that if my child(ren) is placed in the custody of the Erie County Department of Social Services as per Federal Law (Fostering Connections), consent would no longer be necessary for Erie County Department of Social Services to contact relatives/kin for placement and family support. We would be required by law to contact all adult relatives within 30 days of removal.

Client Name: _____ Caseworker Name: _____

Signature: _____ Signature: _____

Date: _____ Date: _____