# ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES

## BACKGROUND RELEASE FORM

**Primary Caretaker -**

I hereby give Erie County Department of Social Services permission to complete both State Child Abuse & Maltreatment Report background checks. All background information obtained is confidential and will only be disclosed for judicial or administrative processing's relating to the child(ren) placed in your home by the court.

_____ _____

Signature Date

**Secondary Caretaker -**

I hereby give Erie County Department of Social Services permission to complete both State Child Abuse & Maltreatment Report background checks. All background information obtained is confidential and will only be disclosed for judicial or administrative processing's relating to the child(ren) placed in your home by the court.

_____ _____

Signature Date

**Adult Member of the Household or Adult Providing Child Care -**

I hereby give Erie County Department of Social Services permission to complete both State Child Abuse & Maltreatment Report background checks. All background information obtained is confidential and will only be disclosed for judicial or administrative processing's relating to the child(ren) placed in your home by the court.

_____ _____

Signature Date

**Adult Member of the Household or Adult Providing Child Care -**

I hereby give Erie County Department of Social Services permission to complete both State Child Abuse & Maltreatment Report background checks. All background information obtained is confidential and will only be disclosed for judicial or administrative processing's relating to the child(ren) placed in your home by the court.

_____ _____

Signature Date