G.A. FAMILY SERVICES
FOSTER CARE

Authorization for Release of Information

Foster Family Name: _____

I hereby authorize G.A. Family Services, 515 W. 5th Street, Jamestown, New York 14701 to exchange information with:

County DSS Name: Erie County Dept. of Social Services, Chautauqua County DHHS, Cattaraugus County DSS, and Allegany County DSS, Wyoming County DSS, Niagara County DSS

Purpose: In order to comply with Federal and State regulations, each County Department of Social Services is requiring that G.A Family Services provide them with copies of foster home certification and re-certification documentation. The documentation to be released is:

- Certificate to Board
- Staff Central Registry Result
- Staff Exclusion List Result
- Fingerprint result for all household members over 18
- Safety Assessment (if required)
- Medical for all household members over 18

I understand my agreement to release this information is necessary and may affect my ability to continue to have foster children placed in my home. This consent will be effective during the entire period that I am a certified foster parent with G.A. Family Services.

_____ _____

Signature of Foster Parent Date

_____ _____

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