

Erie County Department of Social Services

Assistance Packet

Instructions for Families that receive services through ECDSS

If you receive public assistance or service assistance through Erie County Department of Social Services (ECDSS) and you have a case number that starts with an “S” or “P”, you might be eligible to receive funding through the county to help cover the cost of your camper’s fees. Please complete the **Authorization for Release of Information by ECDSS**, attached. We will contact Erie County Department of Social Services (ECDSS) to verify if you qualify for help to cover the cost of your child’s camper fee.

You may receive notification from Erie County that your family is approved for financial coverage, that DOES NOT mean they have been enrolled to attend Cradle Beach Camp. Cradle Beach Camp Application Processing is separate from the Erie County Payment Process.

Instructions for Foster Parent/Guardian **with Foster Children in Erie County**

The following pages are to be signed by the ECDSS Caseworker as well as Foster Parent/Guardian:

Authorization for Release of Information by ECDSS (attached)

Summer Camp Permission Form for Foster Care Children (attached)

The Summer Food Service Packet (Pink)

The Medical Release of Information Form
The Permission Page

County of Erie

DEPARTMENT OF SOCIAL SERVICES

SUMMER CAMP PERMISSION FORM FOR FOSTER CARE CHILDREN

Camper's Name: _____

Date: _____

Case Number: _____

Caseworker's Name: _____

This form serves to give permission for the above-named foster child, who is in the care and custody of the Erie County Department of Social Services, to attend summer camp as follows:

CAMP NAME: CRADLE BEACH

SESSION DATES: ___/___/___ through ___/___/___

The above-named camper has permission to participate in all camp activities that he/she is medically approved to participate in, with the following exceptions:

No exceptions; camper may participate in all camp activities

Camper's photo may not appear in any promotional materials for the camp

Special Instructions:

In the event of an incident or emergency of any kind that would necessitate the calling of parents, the camp MUST notify the Erie County Department of Social Services immediately. The undersigned gives permission for the above-named child to receive emergency medical attention if necessary.

Signed: _____ (Guardian/Custodian)

_____ (Caseworker)

Caseworker Telephone Number: _____

B-5706 (5/16)