NOTICE OF FORM CH	ANCE NO 45 470				DATE	
NOTICE OF FORM CH			DATE 07/20/2045			
					07/30/2015	
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: For	ms Managemei	nt Unit	
Listed below is information re	egarding a form change. (	Only applica	able information	n is shown.		
This notice updates your Ca	alifornia Department of So	ocial Service	es (CDSS) Cou	nty Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PUB 438 (7/15) - Trust	tLine Paren	t Pamphlet			
ORDER UNIT	⊠ Free ☐ Sold	ESTIMATED	PRICE		INITIAL SUPPLY SENT  Yes No	
☐ New X Revised	DATE OF FORM 7/15	REPLACES 4/15		Obsolete		
REQUIRED FORM-	REQUIRED FORM-					
No Change Permitted	Substitute Permitted V	With Prior D	SS Approval	Recommende	d Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	☐ OTHER:  ☑ INTERNET:  ☐ INTRANET:			
	FORMS DISPOSIT	TION AND S	SPECIAL INST	RUCTIONS		
Use until exhausted		_ De	stroy			
USE NEW FORM  ☐ When supply available in DSS Warehouse						
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO		lish/PUB438	3.pdf			

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.