NOTICE OF FORM CHANGE NO. 15-229				DATE
				10/1/2015
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Manageme	nt Unit
Listed below is information re	egarding a form change. O	only application	ble information is shown.	
This notice updates your Ca	lifornia Department of Soc	ial Service	es (CDSS) County Forms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	•		ormation Act Statement	
ORDER UNIT	ESTIMATED		PRICE	INITIAL SUPPLY SENT
MASTER ONLY			🗌 Yes 🛛 No	
New X Revised	DATE OF FORM 9/15	REPLACES 8/15		Obsolete
REQUIRED FORM-	REQUIRED FORM-			
No Change Permitted	Substitute Permitted W	1		ed Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		_ OT⊦	IER:	
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			NTERNET:	
			INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY		De	stroy	
USE NEW FORM	n DSS Warehouse 🛛 Us	e new form	n effective	
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/AD908.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.