NOTICE OF FORM CHA			DATE			
NOTICE OF FORWICH	ANGE NO. 16-019				6/3/2016	
			FD014		0/0/2010	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms	Managemer	nt Unit	
Listed below is information regarding a form change. Only applicable information is shown.						
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).						
FORM NUMBER, REVISION DATE AND TITLE	SOC 886 (12/15) - So	ocial Worker I	Disclosure Report			
			ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	Free Sold				☐ Yes X No	
⊠ New ☐ Revised	DATE OF FORM 12/15	REPLACES	REPLACES		Obsolete	
REQUIRED FORM- REQUIRED FORM- NAME OF the state of the						
No Change Permitted						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse			✓ INTERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY						
Use until exhausted			stroy			
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective ☐ Immediately						
USE FORM IN ACCORDANCE WITH	100					
All County Letter No. 15-103						
Uther (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC886.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.