NOTICE OF FORM CHANGE NO. 16-080				DATE
NOTICE OF FORWICHAN	GE NO. 16-000			DATE 9/2/2016
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Managemer	8/3/2016 nt Unit
Listed below is information regarding a form change. Only applicable information is shown.				
This notice updates your Califor				g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 400B (7/16) - Safely Su	urrende	ered Baby Kit-Order Form	
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT
	Free Sold	REPLACES		Yes No
New ☐ Revised 7/		NEL DIOCO		Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM- Substitute Permitted With P	rior 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  FORMS DISPOSITION AND SPECIAL INSTRUCTIONS  DISPOSITION OF OLD SUPPLY Use until exhausted  USE NEW FORM When supply available in DSS Warehouse Use new form effective  USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
http://www.cdss.ca.gov/cdssweb	/entres/forms/English/PUB			
http://www.dss.cahwnet.gov/cds Form information on forms not li	sweb/FormsandPu_271.htn	n.		