NOTICE OF FORM CHA			DATE			
NOTICE OF FORM CIT	ANGE NO. 16-100				10/13/2016	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forn	ms Managemen	ut Unit	
Listed below is information re	garding a form change.	Only applicat	ole information	is shown.		
This notice updates your Cal	ifornia Department of Se	ocial Services	(CDSS) Count	ty Forms Catalog	(PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PUB 400B (9/16) - Sa	afely Surrende	ered Baby Kit-O	order Form		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED F	PRICE	INITIAL SUPPLY SENT Yes X No		
☐ New X Revised	DATE OF FORM 9/16	7/16		Obsolete		
REQUIRED FORM- REQUIR						
UNLESS OTHERWISE SPECIFIED STOR	ER:	Recommended	ı FOIIII			
Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	⊠ INTE	☐ INTRANET: ☐ INTRANET:				
	FORMS DISPOSI	TION AND S	PECIAL INSTR	RUCTIONS		
DISPOSITION OF OLD SUPPLY						
Use until exhausted	⊠ Des	troy				
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective immediately					liately	
USE FORM IN ACCORDANCE WITH All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR		h/PHR400R n	ndf			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB400B.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.