NOTICE OF FORM CHANGE NO. 16-105				DATE	
				10/7/2016	
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 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 AD 927 (9/16) - Statement Of Understanding - Independent Adoptions Program - Indian Child					
ORDER UNIT	V 5 0.14	ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	Free Sold	REPLACES		☐ Yes ☐ No	
☐ New X Revised	9/16	7/14		Obsolete	
REQUIRED FORM- REQUIRED FORM-					
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:		
Department of Social Service P.O. Box 980788	ces Warehouse	INTERNET:			
West Sacramento, CA 95798-0788		☐ INTRA	☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY					
Use until exhausted Destroy					
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective 10/7/2016					
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/AD927.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.