NOTICE OF FORM CHANGE NO. 13-073					DATE
					07/12/2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	agemer	nt Unit
Listed below is information re	garding a form change. Or	nly applicable	e information is show	n.	
This notice updates your Cal	ifornia Department of Soci	ial Services (CDSS) County Form	s Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 377.2A (7/13) CalFi		•		
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free □ Sold				☐ Yes
New □ Revised	DATE OF FORM 7/13	REPLACES			☐ Obsolete
REQUIRED FORM- REQUIR					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:		
Department of Social Service P.O. Box 980788	⊠ INTERNET:				
West Sacramento, CA 95798	☐ INTRAI	☐ INTRANET:			
	FORMS DISPOSITION	ON AND SPE	CIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy					
USE NEW FORM When supply available in	\boxtimes Use new form effective refer		refer to	o 13-58	
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/letter	rsnotices/Ent	Res/getinfo/acl/2013	/13-58.pd	df
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377_2A.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.