NOTICE OF FORM CHANGE NO. 13-116			DATE
			10/2/2013
District Attorney		FROM: Forms Manag	gement Unit
Listed below is information re	egarding a form change. O	Only applicable information is shown.	
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Forms (	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 512 (9/13) - Psycho	osocial And Medical History Of Child	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		
$\Box$ New $\boxtimes$ Revised	DATE OF FORM	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			
		INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTIONS	3
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy			
USE NEW FORM		igtiangleq Use new form effective	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	/AD512.pdf	
FORMS IS A MASTER ONLY.			
Camera - ready copies are currently available on the CDSS Internet.			
Contact Language Services for other languages at (916) 651-8876 or by e-mail at: LTS@dss.ca.gov			

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.