NOTICE OF FORM CHANGE NO. 14-009		DATE
		01/15/2014
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		nagement Unit
Listed below is information regarding a form change. C	Only applicable information is show	n.
This notice updates your California Department of Society	cial Services (CDSS) County Form	ns Catalog (PUB 69).
,	quishment In Or Out-of-County I Presumed Father In California)	
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY Free Sold		☐ Yes ☐ No
☐ New ☐ Revised ☐ New ☐ Revised ☐ 11/13	REPLACES 4/13	☐ Obsolete
REQUIRED FORM- REQUIRED FORM-		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:	
Department of Social Services Warehouse P.O. Box 980788		
West Sacramento, CA 95798-0788	☐ INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted	⊠ Destroy	
□ When supply available in DSS Warehouse	$oxed{\boxtimes}$ Use new form effective	November 2013
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/AD501.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.