NOTICE OF FORM CHANGE NO. 14-016		DATE
		02/03/2014
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Mana	gement Unit
Listed below is information regarding a form change. On	ly applicable information is shown	
This notice updates your California Department of Socia	al Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE Please see list of CF form CF 377.7D (1/14), CF 37	ns below 7.7D1 (1/14) and CF 377.D3 (1/14	l)
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY Free Sold	REPLACES	
	8/13	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted	ed 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 DISPOSITIO	N AND SPECIAL INSTRUCTION	S
DISPOSITION OF OLD SUPPLY	⊠ Destroy	
USE NEW FORM	oxtimes Use new form effective	date of notice
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.cdss.ca.gov/cdssweb/entres/forms/English/C http://www.cdss.ca.gov/cdssweb/entres/forms/English/C http://www.cdss.ca.gov/cdssweb/entres/forms/English/C	F377_7D1.pdf	

The only change to all three of these forms in the REPAYMENT section of each form - DFA 377.7E1 was changed to CF 377.7E1

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.