NOTICE OF FORM CHANGE NO. 14-051			DATE	
			05/12/2014	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	es	FROM: Forms Manag	ement Unit	
Listed below is information regarding a form change.	. Only applical	ble information is shown.		
This notice updates your California Department of So	Social Services	s (CDSS) County Forms (Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE AD 887 (4/14) - State	ement Of Unde	erstanding - Independent	Adoptions Program	
ORDER UNIT	ESTIMATED F	PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ☐ Revised DATE OF FORM 4/14	REPLACES 3/06		☐ Obsolete	
REQUIRED FORM- No Change Permitted Substitute Perm	mitted With Pr	rior DSS Approval	Recommended Form	
Department of Conicl Complete Warehouse		ER:		
Department of Social Services Warehouse P.O. Box 980788		INTERNET:		
West Sacramento, CA 95798-0788	☐ INTRANET:			
	ITION AND S	PECIAL INSTRUCTIONS		
Use until exhausted	☐ Des	stroy		
USE NEW FORM When supply available in DSS Warehouse	☐ Us	e new form effective		
USE FORM IN ACCORDANCE WITH				
☐ All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.cdss.ca.gov/cdssweb/entres/forms/Englis	sh/ΔD887 PDI	F		
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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.