NOTICE OF FORM CHANGE NO. 14-057			DATE
			05/09/2014
District Attorney			agement Unit
Listed below is information re	egarding a form change. C	Dnly applicable information is show	n.
This notice updates your Ca	alifornia Department of So	cial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE ORDER UNIT MASTER ONLY	AD 665 (3/14) - Mother	r Or A Biological/Presumed Father lent In Out-of-home Care, Or The V ESTIMATED PRICE	Of A Child Who Is Not Detained, A Vard Of A Legal Guardian
□ New ⊠ Revised	DATE OF FORM 3/14	REPLACES 3/08	
REQUIRED FORM-	REQUIRED FORM-	itted 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		 OTHER: INTERNET: INTRANET: 	
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
JSE NEW FORM		$oxed{\boxtimes}$ Use new form effective	<u>3/14</u>
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FC	DRM CHANGE		
1 <i>(i – 11</i> – 1 – 1 – 1 – 1			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/AD885.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.