NOTICE OF FORM CHANGE NO. 14-067				DATE		
NOTICE OF FORM CHANGE NO. 14-00/				DATE 06/27/2014		
					06/27/2014	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Form	ns Managemer	nt Unit	
Listed below is information regarding a form change. Only applicable information is shown.						
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).						
FORM NUMBER, REVISION DATE AND TITLE NA 845 (3/14)						
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY	🔀 Free 🗌 Sold		☐ Yes ☒ No			
☐ New ☐ Revised	DATE OF FORM 3/14	REPLACES 5/08			Obsolete	
REQUIRED FORM- REQUIRED FORM-						
■ No Change Permitted ■ Substitute Permitted With Prior DSS Approval ■ Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTH	ER:			
Department of Social Services Warehouse		INTERNET:				
P.O. Box 980788						
West Sacramento, CA 95798-0788			INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy						
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective 3/14						
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/NA845.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.