NOTICE OF FORM CHANGE NO. 14-074			DATE	
			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: Forms Management Unit	
Listed below is information re	garding a form chang	e. Only applicable information is a	shown.	
This notice undates your Ca	lifornia Department of	Social Services (CDSS) County I	Forms Catalog (PLIB 69)	
FORM NUMBER, REVISION DATE AND TITLE	NA 816 ( 3/14)			
ORDER UNIT	1		INITIAL SUPPLY SENT	
MASTER ONLY	Free Sold	ESTIMATED PRICE		
	DATE OF FORM	REPLACES		
New X Revised	3/14	4/13	Obsolete	
REQUIRED FORM-	REQUIRED FORM-			
X No Change Permitted		11	Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		OTHER:		
		X INTERNET:		
		INTRANET:		
		SITION AND SPECIAL INSTRUC	TIONS	
DISPOSITION OF OLD SUPPLY		SITION AND SPECIAL INSTRUC	,110N3	
Use until exhausted		🔀 Destroy		
USE NEW FORM				
$\Box$ When supply available in DSS Warehouse $ig X$ Use		Use new form effective	3/14	
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			
	- h / ( // / <b>/</b>			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA816.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.