NOTICE OF FORM CHANGE NO. 14-085				DATE
				10/14/2014
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Manageme	ent Unit
Listed below is information re	garding a form change. O	only applica	able information is shown.	
This notice updates your Ca	lifornia Department of Soc	cial Service	s (CDSS) County Forms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	FSP 3 Family Stabilizati	ion Progra	m Notice of Change in Program	n Status
ORDER UNIT MASTER ONLY New Revised	Free Sold DATE OF FORM 8/14	ESTIMATED REPLACES	PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No ☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitted W	/ith Prior D	SS Approval Recommende	ed Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		_ INTF	ERNET: RANET:	
DISPOSITION OF OLD SUPPLY	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIONS	
Use until exhausted		☐ De:	stroy	
USE NEW FORM When supply available in DSS Warehouse Use new form effective immediately				
USE FORM IN ACCORDANCE WITH All County Letter No. Ac Other (specify) ADDITIONAL INFORMATION REGARDING FO				
http://www.cdss.ca.gov/cd	dssweb/entres/forms/Engli	ish/FSP3.p	df	
http://www.cdss.ca.gov/le	ettersnotices/EntRes/getinf	o/acl/2014	/14-61.pdf	
Camera-ready copies are cu http://www.dss.cahwnet.gov/ Form information on forms no	cdssweb/FormsandPu_27	71.htm.	et. Go to act FMU at fmudss@dss.ca.go	V.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

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