

NOTICE OF FORM CHANGE NO. 15-103

DATE

04/23/2015

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 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				AD 885D (2/15) - Alleged Natural Father of the Child Who is Detained, a Juvenile Court Dependent in Out-of-Home Care, or the Ward of a Legal Guardian			
ORDER UNIT		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised		DATE OF FORM 2/15		REPLACES 3/08		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
REQUIRED FORM-		REQUIRED FORM-		<input type="checkbox"/> Obsolete			
<input type="checkbox"/> No Change Permitted		<input type="checkbox"/> Substitute Permitted With Prior DSS Approval		<input type="checkbox"/> Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				<input type="checkbox"/> OTHER:			
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788				<input checked="" type="checkbox"/> INTERNET:			
				<input type="checkbox"/> INTRANET:			

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY	
<input type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM	
<input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>Immediately</u>
USE FORM IN ACCORDANCE WITH	
<input type="checkbox"/> All County Letter No.	
<input type="checkbox"/> Other (specify)	
ADDITIONAL INFORMATION REGARDING FORM CHANGE	

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/AD885D.pdf>