# NOTICE OF FORM CHANGE NO. 15-112

DATE
05/13/2015

**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: PUB 391 (5/15) - Basic Medical Sign Language

| ORDER UNIT | | ESTIMATED PRICE | INITIAL SUPPLY SENT |
|---|---|---|---|
| | ☒ Free ☐ Sold | | ☐ Yes ☒ No |
| ☐ New ☒ Revised | DATE OF FORM 5/15 | REPLACES 3/08 | ☐ **Obsolete** |

REQUIRED FORM- ☐ No Change Permitted
REQUIRED FORM- ☐ Substitute Permitted 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 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 Immediately

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/pub391.pdf