

**NOTICE OF FORM CHANGE NO. 15-133**

DATE

06/03/2015

**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 M82-820A (3/15) - No Eligible Person, Deny

ORDER UNIT	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 3/15	REPLACES 8/91	<input type="checkbox"/> <b>Obsolete</b>
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>	<input type="checkbox"/> OTHER:	<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/NoticeofAc\\_2383.htm](http://www.cdss.ca.gov/cdssweb/NoticeofAc_2383.htm)