

**NOTICE OF FORM CHANGE NO. 15-140**

DATE

06/05/2015

**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 **SOC 341 (3/15) - Confidential Report - Not Subject To Public Disclosure - Report Of Suspected Dependent Adult/Elder Abuse**

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 12/06	<input type="checkbox"/> <b>Obsolete</b>

REQUIRED FORM-

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No Change Permitted  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 Refer to ACL

USE FORM IN ACCORDANCE WITH

All County Letter No. 15-33  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC341.pdf>

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2015/15-33.pdf>