NOTICE OF FORM CHANGE NO. 15-86				DATE	
				03/17/2015	
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Manageme	nt Unit	
Listed below is information re	garding a form change.	Only applica	ble information is shown.		
This notice updates your Ca	lifornia Department of So	ocial Service	s (CDSS) County Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	DFA 387 (10/11) - Red	quest For Inf	ormation		
RDER UNIT		ESTIMATED	PRICE	INITIAL SUPPLY SENT  ☐ Yes  ☐ No	
☐ New ☐ Revised	DATE OF FORM 10/11	REPLACES		⊠ Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitted	With Prior D	SS Approval Recommende	nd Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTH		ou i oiiii	
Department of Social Services Warehouse		INTE	□ INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:			
	FORMS DISPOSIT	TION AND S	PECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY  Use until exhausted		☐ Des	stroy		
USE NEW FORM  When supply available in	n DSS Warehouse 🔲 U	Jse new form	effective		
USE FORM IN ACCORDANCE WITH  All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOI	RM CHANGE				
Form has been obsoleted.					