NOTICE OF FORM CHANGE NO. 16-144		DATE 1/24/2017
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM:	orms Management Unit
Listed below is information regarding a form change. Or	nly applicable information	on is shown.
This notice updates your California Department of Soci	al Services (CDSS) Co	unty Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 826A (11/16) - Chi Taken ORDER UNIT MASTER ONLY Pree Sold DATE OF FORM 11/16 REQUIRED FORM- No Change Permitted Substitute Permitted Wi UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	ESTIMATED PRICE REPLACES	y Report Of Services Provided And Actions INITIAL SUPPLY SENT Yes No Obsolete Recommended Form
FORMS DISPOSITION	ON AND SPECIAL INS	TRUCTIONS
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		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/S	SOC826A.pdf	
Camera-ready copies are currently available on the CD http://www.dss.cahwnet.gov/cdssweb/FormsandPu_27 Form information on forms not listed in the catalog, you	1.htm.	nudss@dss.ca.gov.