

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, California 95814



November 6, 2002

ALL COUNTY INFORMATION NOTICE I-84-02

TO: ALL CURRENT ADDRESSEES
COUNTY WELFARE DIRECTORS
ADOPTION DISTRICT OFFICES
COMMUNITY CARE LICENSING DISTRICT OFFICES
ALL PUBLIC AND PRIVATE ADOPTIONS AGENCIES

REASON FOR THIS TRANSMITTAL

- ☐ State Law Change
- ☐ Federal Law or Regulation Change
- ☐ Court Order
- ☐ Clarification Requested by One or More Counties
- ☒ Initiated by CDSS

SUBJECT: INTERNET ACCESS TO DEPARTMENT NOTICE OF FORMS CHANGE
(GEN 127)

The California Department of Social Services (CDSS) is pleased to announce the impending availability of Notice of Forms Changes (GEN 127's) on the Internet. What does this mean for you? Better service and greater access to information. If you have an Internet connection, you will be able to immediately view or download the GEN 127's with copies of the forms attached in Adobe Acrobat "PDF" format.

Effective Thursday, January 2, 2003, all Notice of Form Changes will be available in electronic format only.

Attached is a mailing list information survey card. Please complete this card and return it to us as soon as possible. Our ultimate goal is to notify you by electronic mail (e-mail) whenever new Notice of Form Changes is issued. You can then view, download, and print the documents yourself, using Adobe's free Acrobat Reader software. If you do not have access to e-mail or the Internet, please be sure to clearly indicate that fact on the card.

You are welcome to access our [Web Page](http://www.dss.cahwnet.gov/lettersnotices/default.htm) at <http://www.dss.cahwnet.gov/lettersnotices/default.htm> for other department resource information.

If you have any questions, please contact the Forms Management Unit at (916) 657-2098 or [email the Forms Management Unit](#).

Sincerely,

Original Document Signed By

GLORIA MERK
Deputy Director

Attachment

GEN 127 Registration Form

First Name

Last Name

E-Mail Address **(required)**

Alternate E-Mail Address (optional)

Organization (if applicable)

Mailing Address **(required)**

City

State

Zip Code

Phone Number (optional)

(Area) Number

CLICK HERE E-MAIL RESPONSE TO CDSS NOW!

Fax Number (916) 653-7395

Mailing Address: CA Department of Social Services

Forms Management Unit

744 P Street, MS 7-182

Sacramento, CA 95814

FOR CDSS USE ONLY

--