

NOTICE OF FORM CHANGE NO. 03-072

6/27/2003

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

- Community Care Licensing District Offices
 Private and Public Adoption Agencies

- District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE

PUB 299 ENG/SP (6/99) - Sudden Infant Death Syndrome

| | | | |
|--|---|---|--|
| ORDER UNIT EA | <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 type="checkbox"/> Revised | DATE OF FORM 6/99 | REPLACES | <input checked="" type="checkbox"/> Obsolete |
| 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:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

Other:

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 _____

USE FORM IN ACCORDANCE WITH

- All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

6/25/03 - FORM MADE OBSOLETE