

**NOTICE OF FORM CHANGE NO. 03-114**

08/21/2003

**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 AD 4340 (1/99) - Statement of Understanding - Agency Adoptions Program / Out of State

ORDER UNIT SE	<input type="checkbox"/> Free <input checked="" type="checkbox"/> Sold	ESTIMATED PRICE \$.10	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 1/99	REPLACES	<input checked="" type="checkbox"/> Obsolete

REQUIRED FORM-

REQUIRED FORM-

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:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

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

**FORM IS NOW OBSOLETE.**