

NOTICE OF FORM CHANGE NO. 03-115

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 4343 ENG/SP (2/99) - Relinquishment/Out of State/(Alleged Natural Father)

ORDER UNIT EA	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE 0	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 2/99	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		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY <input type="checkbox"/> Use until exhausted	<input checked="" type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input type="checkbox"/> Use new form effective _____
USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No.	<input type="checkbox"/> Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

FORM IS NOW OBSOLETE