

NOTICE OF FORM CHANGE NO. 03-180

DATE

11/7/2003

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 ABCDM 228 ENG/SP (6/99)

Applicant's Authorization For Release Of Information

ORDER UNIT MASTER ONLY	<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 checked="" type="checkbox"/> Revised	DATE OF FORM 6/99	REPLACES 10/78	<input type="checkbox"/> Obsolete

REQUIRED FORM-

No Change Permitted

REQUIRED FORM-

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

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

Attached is a Reproducible Copy

Form is now a Master Only.

Print form: 8 1/2 x 11, 2 sided

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

APPLICANT'S AUTHORIZATION FOR RELEASE OF INFORMATION

(AGENCY OR INDIVIDUAL FROM WHOM INFORMATION IS REQUESTED)

To:

1. _____, RESIDING AT _____
 _____, HEREBY AUTHORIZE YOU TO RELEASE TO THE
 _____ SPECIFIC
 (NAME OF AGENCY, INSTITUTION, INDIVIDUAL PROVIDER)
 INFORMATION REQUESTED BY THIS AGENCY WHICH I CANNOT PROVIDE CONCERNING _____

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSE _____

THIS FORM WAS COMPLETED IN ITS ENTIRETY AND WAS READ BY ME (OR READ TO ME) PRIOR TO SIGNING.

SIGNATURE OF APPLICANT		DATE
BIRTHPLACE	BIRTHDATE	MAIDEN NAME OF MOTHER
SIGNATURE OR NAME OF SPOUSE		DATE
BIRTHPLACE OF SPOUSE	BIRTHDATE OF SPOUSE	MAIDEN NAME OF SPOUSE'S MOTHER

AUTORIZACION DEL SOLICITANTE PARA DAR INFORMACION

(DEPENDENCIA/AGENCIA O PERSONA A QUIEN SE LE PIDE LA INFORMACION)

A:

1. YO, _____, CON DOMICILIO EN _____

_____, POR MEDIO DE LA PRESENTE LES AUTORIZO PARA QUE LE DEN A

(NOMBRE DE LA DEPENDENCIA/AGENCIA, INSTITUCION, O PROVEEDOR PARTICULAR)

LA INFORMACION ESPECIFICA QUE ESTA DEPENDENCIA/AGENCIA PIDIO Y QUE YO NO PUEDO PROPORCIONAR EN RELACION A _____

ESTA INFORMACION SE NECESITA PARA EL SIGUIENTE PROPOSITO _____

ESTE FORMULARIO SE LLENO POR COMPLETO Y LO LEI (O ME LO LEYERON) ANTES DE FIRMARLO.

FIRMA DEL SOLICITANTE		FECHA
LUGAR DE NACIMIENTO	FECHA DE NACIMIENTO	NOMBRE DE SOLTERA DE LA MADRE
FIRMA O NOMBRE DEL/DE LA ESPOSO(A)		FECHA
LUGAR DE NACIMIENTO DEL/DE LA ESPOSO(A)	FECHA DE NACIMIENTO DEL/DE LA ESPOSO(A)	NOMBRE DE SOLTERA DE LA MADRE DEL/DE LA ESPOSO(A)