

**NOTICE OF FORM CHANGE NO. 04-186**

DATE

07/01/2004

**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    **DFA 285-A3 (12/03) English and Spanish  
Your Rights and Responsibilities**

|   |   |                 |  |
|---|---|-----------------|--|
| ORDER UNIT  | <input type="checkbox"/> Free <input type="checkbox"/> Sold | ESTIMATED PRICE | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input type="checkbox"/> New <input type="checkbox"/> Revised | DATE OF FORM  | 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

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)    ACIN I-30-04

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form has been replaced by the DFA 285-A3 QR