

NOTICE OF FORM CHANGE NO. 05-084

DATE

06/21/2005

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 558 (6/05) - Notice of Placement

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 6/05	REPLACES 7/03	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" 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

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 6/05

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

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.

NOTICE OF PLACEMENT (To be Sent Within 15 Days of Placement)

California Department of Social Services
744 P Street, M.S. 3-31
Sacramento, California 95814

ADA

State Case Number

_____ born on _____ was
NAME OF CHILD AS SHOWN ON RELINQUISHMENT/COURT TERMINATION DOCUMENTS DATE

placed for adoption in the home of _____ (_____)
FULL NAME OF APPLICANT BIRTHDATE

and _____ (_____)
FULL NAME OF APPLICANT BIRTHDATE

at _____ on _____
STREET CITY COUNTY STATE DATE

Had child been listed in California's statewide photo-listing services (California's Waiting Children or California Kids Connection Website)?

No Yes

Will child receive AAP?

No Yes Deferred AAP Benefit Amount \$ _____

Child's Linkage:

- Age _____ years old at placement
- Medical or emotional disability _____
SPECIFY
- Adverse parental background _____
SPECIFY
- Ethnic/Minority background _____
SPECIFY
- Sibling Group member

Is the child placed with his or her siblings? Yes No

Does the child have Indian Heritage?

No Yes If Yes, was the child subject to the provisions of the ICWA?
 No Yes

Placement with

Family Tribe Other Indian Family Non-Indian family

Was placement preference followed?

Yes No If No, was court order issued? _____

Was this a cooperative placement?

No Yes

<small>NAME OF CHILD'S AGENCY</small>	<small>BY (SIGNATURE)</small>	<small>DATE</small>
<small>NAME OF FAMILY'S AGENCY</small>	<small>BY (SIGNATURE)</small>	<small>DATE</small>