NOTICE OF FORM CHANGE NO. 06-144					DATE
					11/07/2006
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Ma		nt Unit
Supply Clerk / Forr		(916) 657-	-1907		
<ul><li>☐ Community Care Licensi</li><li>☐ Private and Public Adopt</li></ul>	~		District Attorney Other		
Listed below is information re	garding a form change.	Only applica	ble information is show	vn.	
This notice updates your Dep	artment of Social Service	es County F	orms Catalog.		
FORM NUMBER AND TITLE CA 800 F	C FED PIA (9/06) Foste Fe	r Care Place deral - Perso		endum (P	IA)
ORDER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold				☐ Yes ⊠ No
☐ New ⊠ Revised	DATE OF FORM 9/06	7/05			Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Perm	itted With Pr	rior DSS Approval	Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:		
	FORMS DISPOSIT	TION AND S	PECIAL INSTRUCTION	DNS	
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse  ☐			e new form effective	9/06	
USE FORM IN ACCORDANCE WITH  All County Letter No.					
Other (specify)	FL 03/04-38, CFL 03/04-	39, CFL 03/	04-40, CFL 03/04-40 E	rrata	
ADDITIONAL INFORMATION REGARDING FOR www.cdsscounties.ca.gov/AA					

This is a Microsoft Excel document and is available on the Financial Services Bureau Automated Assistance Claims Webpage.