NOTICE OF FORM CHANGE NO. 07-027			DATE 3-21-2007	
TO: County Welfare Dir Supply Clerk / Forr		I	FROM: Forms Management Unit (916) 657-1907	
Community Care Licensi	•	☐ District Attorn ☐ Other	еу	
Listed below is information re	garding a form change. On	ly applicable information	is shown.	
This notice updates your Dep	artment of Social Services	County Forms Catalog.		
FORM NUMBER AND TITLE PUB 393 Child Car	(12/06) e Center - Notification of Pa	arents' Rights		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	initial supply sent ☐ Yes ☐ No	
☐ New ☐ Revised	DATE OF FORM 12/06	REPLACES 1/04	Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Prior DSS Appro	val ☐ Recommended Form	
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse	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			ctive	
□ Se FORM IN ACCORDANCE WITH □ All County Letter No. □ Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR				

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

For camera-ready copies of English forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.