NOTICE OF FORM CHANGE NO. 07-035					04-10-2007	
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907			
Listed below is information re	garding a form change. Or	nly applica	ble information is show	n.		
This notice updates your Calif	fornia Department of Socia	al Services	(CDSS) County Forms	Catalog	(PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 845 (12/06) English Notice Of Action - Welfa					
ORDER UNIT  MASTER ONLY  Free Sold					INITIAL SUPPLY SENT	
DATE OF FORM		DEDI AGEO			☐ Yes ⊠ No	
□ New	12/06	REPLACES 4/04			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: ☐ INTERNET: http://www.dss.cahwnet.gov/pdf/NA845.PDF ☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ De:	⊠ Destroy			
USE NEW FORM  ☐ When supply available in DSS Warehouse		⊠Us	☐ Use new form effective 12/06			
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION RECARDING FOR	DM CHANCE					

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm. Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.