NOTICE OF FORM CHANGE NO. 07-039					
NOTICE OF FORM CHANGE NO. 07-039				DATE	
					04/13/2007
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma (916) 657		nt Unit
Listed below is information reg	garding a form change. On	ly applicab	le information is show	wn.	
This notice updates your California	ornia Department of Social	Services	(CDSS) County Form	s Catalog	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 904A (3/07) - Waiver	Of Rights	To Confidentiality Fo	r Siblings	
DER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT
MASTER ONLY ⊠ Free ☐ Sold					☐ Yes ☐ No
	DATE OF FORM 3/07	REPLACES 3/06			Obsolete
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted ■	Substitute Permitte			Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse		OTHE	ER:		
P.O. Box 980788 West Sacramento, CA 95798-0788			ANET:		
	FORMS DISPOSITION	N AND SF	PECIAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY					
Use until exhausted		⊠ Dest	roy		
USE NEW FORM ☐ When supply available in DSS Warehouse		⊠Use	☑ Use new form effective 3/07		
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE				
http://www.dss.cahwnet.gov/p	odf/AD904A.PDF				

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.