NOTICE OF FORM CHANGE NO. 08-041				DATE		
					3/13/2008	
County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other		FROM: Forms Ma (916) 657-		nt Unit		
Listed below is information re	garding a form change. On	nly applicab	le information is show	wn.		
This notice updates your Cal	ifornia Department of Socia	al Services	(CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 826 (3/08) Child Fatality/Near Fatali	ity - County	Statement of Finding	gs and Inf	ormation	
ORDER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT	
MASTER ONLY Free Sold		REPLACES			☐ Yes ☐ No	
□ New	3/08	9/06			Obsolete	
REQUIRED FORM-  REQUIRED FORM-  No Change Permitted  Substitute Permitted With Prior DSS Approval  Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			ER:			
Department of Social Service P.O. Box 980788	⊠ INTE	⊠ INTERNET:				
West Sacramento, CA 95798-0788			☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ Dest	roy			
□ When supply available in DSS Warehouse		⊠Use	⊠ Use new form effective immed		ate	
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR		l' - l- /0.000	oo If			
http://www.dss.cahwnet.gov/d	cassweb/entres/forms/Engl	iisn/SOC82	6.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.