NOTICE OF FORM CHANGE NO. 08-042						DATE 3/13/2008
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 for	m change. On	ly applica	ble information is show	wn.	
This notice updates your Cal	lifornia Depar	tment of Socia	al Service	s (CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 832 (3/08) Notice of Child Abuse Central Index Listing						
ORDER UNIT	ESTIMATED PRICE					INITIAL SUPPLY SENT
MASTER ONLY	🛛 Free	Sold				🗌 Yes 🛛 No
🛛 New 🗌 Revised	DATE OF FORM <b>3/08</b>		REPLACES			Obsolete
REQUIRED FORM-	REQUIRED FO		· · · · · · _			
No Change Permitted		titute Permitte		ior DSS Approval	Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788				ER: ERNET:		
West Sacramento, CA 95798-0788						
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
SPOSITION OF OLD SUPPLY				stroy		
USE NEW FORM			$\boxtimes$ Use new form effective imm		immedi	ate
USE FORM IN ACCORDANCE WITH						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC832.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.