NOTICE OF FORM CH	ANGE NO. 08-058		DATE 4/30/2008
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	(916) 657	nagement Unit -1907
Listed below is information re	garding a form change. O	nly applicable information is sho	wn.
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS) County For	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 833 SP (3/08) Child Abuse Central Ind	lex Listing Grievance Procedures	3
ORDER UNIT MASTER ONLY	🖂 Free 🛛 Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
New Revised	DATE OF FORM 3/08	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ed 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: ☐ INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTION	DNS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM	DSS Warehouse	Use new form effective	immediate
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) Th	is form was designed for a	court case: Gomez vs. Saenz	
ADDITIONAL INFORMATION REGARDING FOR			
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Spa	anish/SOC833SP.pdf	
Document has two (2) pages	. Print on one page back	to back.	

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.