NOTICE OF FORM CHANGE NO. 08-072	2	DATE
		03-19-2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offi District Attorney Private and Public Adoption Agencies Other	(916) 657	anagement Unit -1907
Listed below is information regarding a form change	e. Only applicable information is sho	wn.
This notice updates your California Department of	Social Services (CDSS) County For	ms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 1F (3/08) Englis Consent By Parents	h and Spanish s Outside California In Armed Forces	3
ORDER UNIT MASTER ONLY Solo	ESTIMATED PRICE	initial supply sent ☐ Yes ☐ No
☐ New ☐ Revised 3/08	REPLACES 8/02	☐ Obsolete
REQUIRED FORM- No Change Permitted □ Substitute Pe	rmitted 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 DISPOS	SITION AND SPECIAL INSTRUCTI	ONS
DISPOSITION OF OLD SUPPLY Use until exhausted	□ Destroy	
USE NEW FORM When supply available in DSS Warehouse	☐ Use new form effective	3/08
use FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE Print Form: 8 1/2 x 11		
http://www.dss.cahwnet.gov/cdssweb/entres/forms	/English/AD1F.PDF	
http://www.dss.cahwnet.gov/cdssweb/entres/forms.	/Spanish/AD1FSP.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.