NOTICE OF FORM CHANGE NO.	08-075	DATE 06-19-2008
TO: County Welfare Director Supply Clerk / Forms Coordinat Community Care Licensing Dist District Attorney Private and Public Adoption Ag Other	or (916) trict Offices	Management Unit 657-1907
Listed below is information regarding a form	n change. Only applicable information is	shown.
This notice updates your California Depart	ment of Social Services (CDSS) County	Forms Catalog (PUB 69).
	B) English and Spanish Give Consent To Adoption	
	ESTIMATED PRICE	
DATE OF FORM	REPLACES	
New Revised 3/08	3/06	Obsolete
REQUIRED FORM- REQUIRED FO	™- itute Permitted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED A Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		
FORMS DISPOSITION OF OLD SUPPLY	DISPOSITION AND SPECIAL INSTRU	CTIONS
Use until exhausted	⊠ Destroy	
USE NEW FORM	use 🛛 Use new form effecti	ve <u>3/08</u>
All County Letter No.		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/cdssweb/entr	es/forms/English/AD20.PDF	
	c .	
http://www.dss.cahwnet.gov/cdssweb/entre	es/torms/Spanisn/AD20SP.pdf	
Print Form: 8 1/2 x 11		

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.