NOTICE OF FORM CHANGE NO. 00 070				
NOTICE OF FORM CHA	ANGE NO. 08-076			DATE 06-19-2008
TO:  County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	(91	rms Managemer 6) 657-1907	<u> </u>	
Listed below is information re	garding a form change. O	nly applicable information	is shown.	
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS) Cou	nty Forms Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 590A (3/08) English Waiver Of Right To Furt	and Spanish ther Notice Of Adoption F	lanning	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT  ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 3/08	REPLACES 12/05		Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM- Substitute Permitt	ted With Prior DSS Appro	val Rec	commended 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 DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ Destroy		
use NEW FORM  When supply available in DSS Warehouse		⊠ Use new form effe	ective 3/08	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
additional information regarding for http://www.dss.cahwnet.gov/		glish/AD590A.PDF		
http://www.dss.cahwnet.gov/d				

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.

Print form: 8 1/2 x 11