NOTICE OF FORM CHANGE NO. 08-079					
					DATE 06-19-2008
TO:  County Welfare Dir Supply Clerk / Forn Community Care Li District Attorney Private and Public of Other		OM: Forms Ma (916) 657	•	<u> </u>	
Listed below is information re	garding a form change. (	Only applicable in	formation is sho	wn.	
This notice updates your Cal	ifornia Department of So	cial Services (CD	SS) County For	ms Cataloឲ្	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	Ad 590 (3/08) English Waiver Of Rights to Fu		doption		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  Yes No
☐ New ☐ Revised	DATE OF FORM 3/08	REPLACES 6/07			Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permi	tted With Prior DS	SS Approval	Rec	ommended Form
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 95798	☐ OTHER:	☐ OTHER: ☐ INTERNET: ☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY  Use until exhausted		□ Destroy	⊠ Destroy		
USE NEW FORM  When supply available in DSS Warehouse		⊠ Use new	☑ Use new form effective 3/08		
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)					
additional information regarding for http://www.dss.cahwnet.gov/		nglish/AD590.PD	F		
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