NOTICE OF FORM CHANGE NO. 08-081		DATE
		06-19-2008
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	(916) 657-	nagement Unit 1907
Listed below is information regarding a form change	. Only applicable information is show	n.
This notice updates your California Department of S	Social Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 166 (3/08) Englis Consent for Presume	sh and Spanish ed Father Outside California	
ORDER UNIT  MASTER ONLY  Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
DATE OF FORM	REPLACES	resNo
☐ New ☐ Revised 3/08	3/06	Obsolete
REQUIRED FORM-  No Change Permitted  Substitute Permitted	mitted 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:	
	SITION AND SPECIAL INSTRUCTION	NS
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	/F . W . / A D . ( A D . ) D D F	
http://www.dss.cahwnet.gov/cdssweb/entres/forms/	/English/AD166.PDF	
http://www.dss.cahwnet.gov/cdssweb/entres/forms/s	Spanish/AD166SP.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.

Print Form: 8 1/2 x 11