NOTICE OF FORM CHANGE NO. 08-087					DATE
					07-10-2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mai (916) 657-		<u> </u>
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your Cal	ifornia Department of Soci	ial Service	s (CDSS) County Form	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 845 (5/08) Notice Of Action - Sanct	tion And R	emoval Of The Other F	Parent's N	leeds
ORDER UNIT MASTER ONLY Free Sold			PRICE		INITIAL SUPPLY SENT
MASTER ONLY	DATE OF FORM	REPLACES		☐ Yes ⊠ No	
□ New	5/08	12/06		Obsolete	
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			IER: ERNET: RANET:		
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTION	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse			e new form effective	5/08	
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.☐ Other (specify)☐ I-4	9/08				
ADDITIONAL INFORMATION REGARDING FOR	IIVI UHANGE				

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/NA845.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.