NOTICE OF FORM CHANGE NO. 08-088					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 Management Unit (916) 657-1907			
Listed below is information re	egarding a form change. Or	nly applica	ble information is show	vn.		
This notice updates your Ca	lifornia Department of Soci	ial Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 816 (5/08) Notice of Action - Sancti	ion Of Oth	er Parent After Failed	Complian	ce Plan	
ORDER UNIT MASTER ONLY	ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No		
☐ New ☐ Revised	DATE OF FORM 5/08	REPLACES 12/06			Obsolete	
REQUIRED FORM-	REQUIRED FORM-		. 500 4		–	
☐ No Change Permitted		ior DSS Approval	Red	commended Form		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		☐ OTHER: ☑ INTERNET:				
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	ONS		
SPOSITION OF OLD SUPPLY Use until exhausted		⊠ Des	⊠ Destroy			
use New FORM When supply available in DSS Warehouse		⊠ Use	☐ Use new form effective 5/08			
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify) _{I-4}	19-08					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
http://www.dss.cahwnet.gov	/cdssweb/entres/forms/Eng	glish/NA81	6.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.