NOTICE OF FORM CHANGE NO. 08-089					DATE
TO THE COUNTY OF					07-10-2008
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma (916) 657	nt Unit	
Listed below is information re	egarding a form change. O	nly applica	ble information is show	wn.	
This notice updates your Ca	lifornia Department of Soc	ial Service	s (CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 817 (5/08) Notice of Action - Sanct		<u> </u>	mpliance	
MASTER ONLY Sold		ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No
☐ New ⊠ Revised	DATE OF FORM 5/08	REPLACES 12/06			☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted		rior DSS Approval	Red	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			IER: ERNET:		
			RANET:		
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTION	ONS	
sposition of old supply Use until exhausted		⊠ Des	stroy		
USE NEW FORM When supply available in DSS Warehouse		⊠Us	☑ 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/En	glish/NA81	17.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.