NOTICE OF FORM CHANGE NO. 08-093		DATE
		07-14-2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	(916) 657- ⁻	nagement Unit 1907
Listed below is information regarding a form change. C	Only applicable information is show	n.
This notice updates your California Department of Soc	cial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 866 (3/08) English Relinquishment Of An	and Spanish Indian Child In Or Out of the Count	y Presumed Father
ORDER UNIT MASTER ONLY □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised ☐ DATE OF FORM 3/08	REPLACES 3/06	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Permit	tted 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:	
	ION AND SPECIAL INSTRUCTIO	NS
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	agliah/AD966 DDF	
http://www.dss.cahwnet.gov/cdssweb/entres/forms/Erhttp://www.dss.cahwnet.gov/cdssweb/entres/forms/Sp		

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.