NOTICE OF FORM CHANGE NO. 08-098		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. Or	nly applicable information is shov	vn.
This notice updates your California Department of Soci	ial Services (CDSS) County Forn	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE AD 594 (3/08) English a Consent For Alleged Far	nd Spanish ther in/outside California	
ORDER UNIT MASTER ONLY Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised 3/08	REPLACES 3/06	☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitte	ed 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:	
	ON AND SPECIAL INSTRUCTION	DNS
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 http://www.dss.cahwnet.gov/cdssweb/entres/forms/Eng	glish/AD594.PDF	
http://www.dcc.oahwnot.gov/odccwoh/ontroc/formc/Cna	nich/AD504SD ndf	

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.