NOTICE OF FORM CHANGE NO. 08-099					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			FROM: Forms Ma (916) 657		nt Unit
Listed below is information reg	arding a form change. Or	nly applica	ble information is sho	wn.	
This notice updates your Calif	ornia Department of Soci	al Service	s (CDSS) County For	ms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 591 (3/08) English at Reglinquishment Out of				
	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  ☐ Yes  ☐ No
	ATE OF FORM 3/08	REPLACES 12/05			Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitte	ed With Pı	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		☐ OTHER:  ☐ INTERNET:  ☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTI	ONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy			
USE NEW FORM  When supply available in DSS Warehouse		☑ Use new form effective 3/08		3/08	
□ All County Letter No. □ Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM http://www.dss.cahwnet.gov/c	dssweb/entres/forms/Eng				

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.