NOTICE OF FORM CHANGE NO. 08-101					DATE 07/4 4/0000
					07/14/2008
TO:  County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other		OM: Forms Ma (916) 657-		nt Unit	
Listed below is information re	garding a form change. O	nly applicable ir	formation is show	vn.	
This notice updates your Cal	ifornia Department of Soc	ial Services (CE	SS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 501A (3/08) English Reqlinquishment out of		ner/Presumed Fa	ther)	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  ☐ Yes  ☐ No
☐ New ☐ Revised	DATE OF FORM 3/08	REPLACES 12/05			Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitt	ed With Prior D	SS 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 SPEC	AL 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		3/08	
□ All County Letter No. □ Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		glish/AD501A.P	DF		
http://www.dee.cahwnot.gov/	odeswoh/ontros/forms/Spa	nich/AD501ASI	2 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.