NOTICE OF FORM CHANGE NO. 08-133						DATE 12/30/2008
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 re	garding a form	change. On	ly applica	ble information is show	wn.	
This notice updates your Cal	lifornia Departn	nent of Socia	al Service	s (CDSS) County Forr	ns Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 837 (11 Supplement		Questior	nnaire		
MASTER ONLY			ESTIMATED PRICE		INITIAL SUPPLY SENT	
	DATE OF FORM		REPLACES			☐ Yes ⊠ No
REQUIRED FORM-	REQUIRED FOR		d With Pr	ior DSS Approval	Rec	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: 			
DISPOSITION OF OLD SUPPLY	TOHMST	513F 031110			5113	
Use until exhausted				stroy		
USE NEW FORM			\Box Use new form effective <u>11/08</u>		11/08	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC837.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.