NOTICE OF FORM CHANCE NO. 00.020					
NOTICE OF FORM CHANGE NO. 09-039					10/15/2009
					10/13/2009
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. Or	nly applica	ble information is show	wn.	
This notice updates your Ca	lifornia Department of Soci	al Service	s (CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TLR 508 (10/09) TrustLine Registry Crimi	nal Recor	d Statement		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  ☐ Yes  ☐ No
☐ New ☐ Revised	DATE OF FORM 10/09	REPLACES 5/05			☐ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitte	ed With Pi	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	SPECIAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY  Use until exhausted		_ Des	stroy		
USE NEW FORM  When supply available in DSS Warehouse		⊠Us	☐ Use new form effective 10/15/		2009
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		lish/TLR5	08.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.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.