NOTICE OF FORM CHA			DATE		
					11/18/2009
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907		
Listed below is information re	garding a form change. On	ly applica	uble information is show	vn.	
This notice updates your Cal	ifornia Department of Socia	al Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 929 (11/09) Waiver (Of Right 1	To Revoke Consent Inc	dependen	t Adoption Program
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY Free Sold					☐ Yes ⊠ No
☐ New ☐ Revised	DATE OF FORM	REPLACES 3/08			Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted 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			IER: ERNET: RANET:		
	FORMS DISPOSITION	N AND S	SPECIAL INSTRUCTION	DNS	
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destroy			
USE NEW FORM ☐ When supply available in DSS Warehouse		\boxtimes Use new form effective $\underline{11/09}$			
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.doo.oohwpot.gov	/	::-::- / A D O C	OCENIC DDE		

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/AD929ENG.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 fmudss@dss.ca.gov.

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