NOTICE OF FORM CHANGE NO. 09-067					DATE	
					12/07/2009	
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 regarding a form change. Only applicable information is shown.						
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).						
FORM NUMBER, REVISION DATE AND TITLE	PUB 344 (7/09) English a	& Spanish	n - Giving A Child A Peri	manent l	Home/Choices For Relatives	
		ESTIMATED PRICE				
MASTER ONLY	Free Sold				☐ Yes	
\Box New \Box Revised	DATE OF FORM 7/09	REPLACES 1/04		Obsolete		
REQUIRED FORM- REQUIRED FORM-						
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:			
Department of Social Services Warehouse P.O. Box 980788			INTERNET:			
West Sacramento, CA 95798-0788						
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY			stroy			
USE NEW FORM		\boxtimes Use new form effective 7/09		7/09		
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/pub344.pdf

Camera-ready copies are currently available on the CDSS Internet. Go to http://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.