NOTICE OF FORM CHANGE NO. 12-021			DATE
			01-24-2012
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Manag	gement Unit
Listed below is information re	garding a form change. O	nly applicable information is shown.	
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS) County Forms (	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 880 (12/11) Declaration Of Mother		
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 12/11	REPLACES 3/11	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form			☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOO		OTHER:	
Department of Social Service P.O. Box 980788	es warenouse	☑ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIONS	<b>S</b>
Use until exhausted		⊠ Destroy	
USE NEW FORM  When supply available in DSS Warehouse		□ Use new form effective	12/11
USE FORM IN ACCORDANCE WITH			
$\square$ All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/AD880ENG.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.