| NOTICE OF FORM CHANGE NO. 12-038 | | | | | DATE 4/05/2012 | |
|--|---|-------------------------------|--------------------------|-----------|--------------------------------|--|
| TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other | ns Coordinator icensing District Offices | | FROM: Forms Man | agemer | nt Unit | |
| Listed below is information re | garding a form change. Or | nly applica | able information is show | n. | | |
| This notice updates your Cal | ifornia Department of Soci | al Service | es (CDSS) County Form | s Catalo | g (PUB 69). | |
| FORM NUMBER, REVISION DATE AND TITLE | PUB 325 (3/12) Your Ri | ight To Ma | ake Decisions About Me | dical Tre | eatment | |
| ORDER UNIT MASTER ONLY DATE OF FORM | | ESTIMATED PRICE REPLACES | | | INITIAL SUPPLY SENT ☐ Yes ☐ No | |
| ☐ New ☐ Revised | 3/12 | 1/04 | | | ☐ Obsolete | |
| REQUIRED FORM- REQUIRED FORM- | | | | | | |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 | | ☐ OTH | HER: ERNET: RANET: | | | |
| | FORMS DISPOSITION | ON AND S | SPECIAL INSTRUCTIO | NS | | |
| DISPOSITION OF OLD SUPPLY Use until exhausted | | ⊠ De | ⊠ Destroy | | | |
| □ When supply available in DSS Warehouse | | ☐ Use new form effective imme | | immed | diately | |
| USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) | | | | | | |
| ADDITIONAL INFORMATION REGARDING FOR | RM CHANGE | | | | | |
| http://www.cdss.ca.gov/cdssv | web/entres/forms/English/p | oub325.pc | if | | | |
| 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. | | | | | | |

GEN 127 (3/02)