

**NOTICE OF FORM CHANGE NO. 12-051**

DATE

05-22-2012

**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

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  |  |  |  | SOC 341 (12/06) English and Spanish<br>Report Of Suspected Dependent Adult/Elder Abuse |  |  |  |
| ORDER UNIT  |  | ESTIMATED PRICE  |  | INITIAL SUPPLY SENT  |  |  |  |
| MASTER ONLY   |  | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                    |  |  |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised  |  | DATE OF FORM<br>12/06  |  | REPLACES<br>6/04   |  | <input type="checkbox"/> <b>Obsolete</b> |  |
| REQUIRED FORM-  |  |  |  | REQUIRED FORM-   |  |  |  |
| <input checked="" type="checkbox"/> No Change Permitted   |  | <input type="checkbox"/> Substitute Permitted With Prior DSS Approval  |  | <input type="checkbox"/> Recommended Form  |  |  |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:   |  |  |  | OTHER:   |  |  |  |
| <b>Department of Social Services Warehouse</b><br><b>P.O. Box 980788</b><br><b>West Sacramento, CA 95798-0788</b> |  |  |  | <input checked="" type="checkbox"/> INTERNET:  |  |  |  |
|   |  |  |  | <input type="checkbox"/> INTRANET:   |  |  |  |

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

|                             |  |   |  |   |  |
|-----------------------------|--|---|--|---|--|
| DISPOSITION OF OLD SUPPLY   |  | <input checked="" type="checkbox"/> Use until exhausted         |  | <input type="checkbox"/> Destroy                      |  |
| USE NEW FORM                |  | <input type="checkbox"/> When supply available in DSS Warehouse |  | <input type="checkbox"/> Use new form effective _____ |  |
| USE FORM IN ACCORDANCE WITH |  | <input type="checkbox"/> All County Letter No.                  |  |   |  |
|                             |  | <input type="checkbox"/> Other (specify)                        |  |   |  |

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC341.pdf>

<http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SOC341SP.pdf>

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

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](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](mailto:fmudss@dss.ca.gov).

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