NOTICE OF FORM CHANGE NO. 12-083					DATE	
				10/18/2012		
To:  County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	F	R <b>OM:</b> Forms Mar	agemei	nt Unit		
Listed below is information re	garding a form change. Or	nly applicable	information is show	'n.		
This notice updates your Cal	lifornia Department of Soci	al Services (C	DSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PUB 458 (11/11) Repor The La	ting Child Abu aw And Trainii	_	nformatio	n About	
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free ☐ Sold			☐ Yes		
□ Revised	DATE OF FORM 11/11	REPLACES			☐ Obsolete	
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permitted With Prior DSS Approval  Recommended Form						
UNLESS OTHERWISE SPECIFIED STORE Department of Social Service P.O. Box 980788 West Sacramento, CA 95798		<ul><li>□ OTHER:</li><li>☑ INTERNET:</li><li>□ INTRANET:</li></ul>				
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY  Use until exhausted		☐ Destroy	,			
USE NEW FORM  When supply available in DSS Warehouse		⊠ Use ne	☐ Use new form effective imme		diately	
USE FORM IN ACCORDANCE WITH						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/F	PUB458.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.