NOTICE OF FORM CHANGE NO. 12-009			DATE
			1/23/2012
TO: County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Office		nagement Unit
Listed below is information re	garding a form change.	Only applicable information is show	vn.
This notice updates your Cal	ifornia Department of Sc	ocial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 153 (1/12) Place	ement Agency - Foster Family Ager	ncy Agreement
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
	DATE OF FORM 1/12	REPLACES	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Perm	nitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
	FORMS DISPOSIT	TION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective	1/2012
USE FORM IN ACCORDANCE WITH All County Letter No. AC	CL 11-77		

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.