NOTICE OF FORM CHANGE NO. 12-032				DATE	
				3/13/2012	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Of District Attorney Private and Public Adoption Agencies Other		FROM: Forms Man	agemer	nt Unit	
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your California Department of	of Social Servi	ces (CDSS) County Form	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE FC 2 NM (2/12) (EFC)	Statement of I	Facts Supporting Eligibility	/ For AF	DC-Extended Foster Care	
		ESTIMATED PRICE			
		REPLACES		☐ Yes ⊠ No	
New Revised 2/12				Obsolete	
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted 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					
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY		estroy			
USE NEW FORM		\boxtimes Use new form effective imm		liately	
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/FC2NM.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.