NOTICE OF FORM CHANGE NO. 12-034		DATE
		03/19/2012
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offi District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change	e. Only applicable information is shown	n.
This notice updates your California Department of	Social Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE NA 832 (3/10) Engli Notice Of Action - C		
ORDER UNIT	ESTIMATED PRICE	
MASTER ONLY Gree Solo	d REPLACES	Yes No
\square New \square Revised $3/10$	1/08	☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Pe	ermitted 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 DISPOS	SITION AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY	⊠ Destroy	
USE NEW FORM	☐ Use new form effective	refer to ACIN I-18-10
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) http://www.cdss.ca.gov/l	lettersnotices/entres/getinfo/acin/2010/	/l-18_10.pdf
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/Engl	lish/NA832.PDF	
http://www.cdss.ca.gov/cdssweb/entres/forms/Spar	nish/NA832SP.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.