NOTICE OF FORM CHANGE NO. 12-062		DATE
		06-22-2012
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District District Attorney Private and Public Adoption Agence Other	Offices	anagement Unit
Listed below is information regarding a form cha	ange. Only applicable information is sh	own.
This notice updates your California Departmen	nt of Social Services (CDSS) County Fo	rms Catalog (PUB 69).
· ·	6/11) English and Spanish ssuance Notice For Administrative Erro	rs Only
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Sold	☐ Yes
□ New □ Revised □ DATE OF FORM 6/11	REPLACES 2/11	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  REQUIRED FORM-  REQUIRED FORM-	e Permitted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	☐ OTHER:	
<b>Department of Social Services Warehouse</b>	☐ INTERNET:	
P.O. Box 980788		
West Sacramento, CA 95798-0788	☐ INTRANET:	
	POSITION AND SPECIAL INSTRUCT	ions
DISPOSITION OF OLD SUPPLY  Use until exhausted	□ Destroy	
USE NEW FORM  When supply available in DSS Warehouse	Use new form effective	
USE FORM IN ACCORDANCE WITH		
☐ All County Letter No.		
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/l	English/DFA377.7D1.PDF	
http://www.cdss.ca.gov/cdssweb/entres/forms/s	Spanish/DFA377_7D1SP.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.