NOTICE OF FORM CHANGE NO. 12-100					DATE	
					12/19/2012	
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices 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 Social Services (CDSS) County Forms Catalog (PUB 69).						
FORM NUMBER, REVISION DATE AND TITLE	SOC 833 (3/12) Grieva The C		edures For Challenging e Central Index	Referen	се То	
			ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free ☐ Sold				☐ Yes ☐ No	
☐ New ☐ Revised	3/12	REPLACES 3/10			☐ Obsolete	
REQUIRED FORM-  REQUIRED 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 DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ Des	⊠ Destroy			
USE NEW FORM  When supply available in DSS Warehouse			☐ Use new form effective imme		diately	
USE FORM IN ACCORDANCE WITH						
<ul><li>☐ All County Letter No.</li><li>☐ Other (specify)</li></ul>						
ADDITIONAL INFORMATION REGARDING FORM CHANGE						
http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC833.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.