NOTICE OF FORM CHANGE NO. 13-074			DATE
			07/12/2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Man	agement Unit
Listed below is information re	egarding a form change. Or	nly applicable information is shown	٦.
This notice updates your Ca	lifornia Department of Soci	al Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 377.2A1 (6/13) Important Information		
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	🛛 Free 🗌 Sold		🗌 Yes 🛛 No
🛛 New 🗌 Revised	DATE OF FORM 6/13	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted	🛛 Substitute Permitt	ed With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		INTERNET:	
West Sacramento, CA 95798-0788		INTRANET:	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	refer to 13-58
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.ca.gov/letter	snotices/EntRes/getinfo/acl/2013/	13-58.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/0	CF377_2A1.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.