NOTICE OF FORM CHANGE NO. 13-075			DATE
	10 010		07/12/2013
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			agement Unit
Listed below is information re	garding a form change. O	nly applicable information is show	n.
This notice updates your Cal	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 377.2A2 (6/13) Client Survey		
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☐ No
⊠ New ☐ Revised	DATE OF FORM 6/13	REPLACES	☐ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permit	ted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:	
Department of Social Services Warehouse		⊠ INTERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY  Use until exhausted		Destroy	
USE NEW FORM  When supply available in DSS Warehouse		□ Use new form effective	refer to 13-58
USE FORM IN ACCORDANCE WITH  All County Letter No. htt  Other (specify)  ADDITIONAL INFORMATION REGARDING FOR		rsnotices/EntRes/getinfo/acl/2013	/13-58.pdf
ADDITIONAL INFORMATION REGARDING FOR		OF277 242 - 45	

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377\_2A2.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.