NOTICE OF FORM CHANGE NO. 13-089				DATE	
					08/13/2013
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar	nageme	nt Unit
Listed below is information re	egarding a form change. Or	nly applica	ble information is show	/n.	
This notice updates your Ca	lifornia Department of Soci	ial Service	s (CDSS) County Form	ns Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 872 (7/12) Statem Caregiver Background C		· / ·		n Unit (GEU)
ORDER UNIT	☐ Free ☐ Sold	ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT
	DATE OF FORM	REPLACES	REPLACES		└ Yes ⊠ No
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted	Substitute Permit		rior DSS Approval	🗌 Re	ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		∐ OTH	OTHER:		
Department of Social Services Warehouse P.O. Box 980788					
West Sacramento, CA 95798-0788					
	FORMS DISPOSITIO	ON AND S	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY			stroy		
USE NEW FORM			Use new form effective Refe		to ACL 12-22
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/e	ntres/getinfo/acl/2012/	12-22.pd	f
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
http://www.cdss.ca.gov/cdss	web/entres/forms/English/S	SOC872.pd	df		

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.