NOTICE OF FORM CHANGE NO. 07-017				DATE 02-28-2007
T0: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907	
☐ Community Care Licensing District Offices☐ Private and Public Adoption Agencies			District Attorney Other	
Listed below is information re	garding a form change. Or	nly applica	ble information is shown.	
This notice updates your Department of Social Services County Forms Catalog.				
FORM NUMBER AND TITLE SOC 828 Conlan II	(107) County Verification			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED	PRICE	INITIAL SUPPLY SENT Yes No
	DATE OF FORM 1/07	REPLACES		Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788				
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY ☐ Use until exhausted			stroy	
USE NEW FORM When supply available in DSS Warehouse		Use new form effective		
USE FORM IN ACCORDANCE WITH	·-11			
ADDITIONAL INFORMATION REGARDING FOR				

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.