NOTICE OF FORM CH	DATE		
			5/28/2010
District Attorney			agement Unit
Listed below is information re	agarding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 154A (2/10) Age Foster Family Agency	ency - Foster Family Agency Agree	ement - Child Placed By Agency in
		ESTIMATED PRICE	
MASTER ONLY	Free Sold	REPLACES	
$\Box$ New $\Box$ Revised	2/10	11/09	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STO		OTHER:	
Department of Social Servi P.O. Box 980788	ces Warehouse		
West Sacramento, CA 9579	8-0788	INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	immediately
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdee.co.gov/cdee	web/entres/forms/English/	SOC1511 ndf	

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC154A.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.