NOTICE OF FORM CHANGE NO. 10-034					DATE	
					07-27-2010	
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. O	nly applica	ble information is show	'n.		
This notice updates your Ca	lifornia Department of Soci	ial Service	s (CDSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	DFA 389 (6/10) Notice Of Denial Of Res	storation				
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED F	ESTIMATED PRICE		INITIAL SUPPLY SENT	
DATE OF FORM		REPLACES			☐ Yes ☐ No	
$oxed{oxed}$ New $oxed{oxed}$ Revised	6/10	INEI EAGEG			☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
	Substitute Permit			∐ Re	ecommended 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 S	PECIAL INSTRUCTIO	NS		
Use until exhausted		☐ Des	☐ Destroy			
USE NEW FORM When supply available in DSS Warehouse		\boxtimes Use new form effective \Box		Date	of ACL	
USE FORM IN ACCORDANCE WITH						
)-32					
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
http://www.cdss.ca.gov/cdss	sweb/entres/forms/English/	/DFA389.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.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.