NOTICE OF FORM CHANGE NO. 10-039					DATE
					9/14/2010
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	ageme	nt Unit
Listed below is information rega	arding a form change. Or	nly applica	able information is show	n.	
This notice updates your Califo	ornia Department of Soci	ial Service	s (CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 832 (3/10) Notice (Of Child A	buse Central Index Listi	ng	
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY		REPLACES			☐ Yes ☐ No
	3/10	5/08		☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-				
	Substitute Permitt		rior DSS Approval	L R€	ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			IER:		
Department of Social Services Warehouse P.O. Box 980788			☐ INTERNET:		
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY					
Use until exhausted			stroy		
□ When supply available in DSS Warehouse			\boxtimes Use new form effective 9/14/		2010
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
○ Other (specify) Man	ual of Policies and Proce	edures Div	vision 31-021		
ADDITIONAL INFORMATION REGARDING FORM	CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC832.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.