NOTICE OF FORM CHANGE NO. 10-040				DATE
				9/14/2010
District Attorney			FROM: Forms Management Unit	
Listed below is information re	egarding a form change. Or	nly applicable information is show	vn.	
This notice updates your Ca	lifornia Department of Soci	ial Services (CDSS) County Form	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 833 (3/10) Grieval Central Index	nce Procedures For Challenging	Referenc	e To The Child Abuse
ORDER UNIT MASTER ONLY	🛛 Free 🗌 Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT
□ New ⊠ Revised	DATE OF FORM 3/10	REPLACES 3/08		☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ted With Prior DSS Approval	🗌 Re	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		OTHER:		
			NTRANET:	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY		Destroy		
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	9/14/2010	
All County Letter No.				
Other (specify)	anual of Policies and Proce	edures Division 31-021		
ADDITIONAL INFORMATION REGARDING FO				
http://www.cdss.ca.gov/cdss	web/entres/forms/English/S	SOC833.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.