NOTICE OF FORM CHANGE NO. 11-010			DATE
			2/22/2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			nagement Unit
Listed below is information re	garding a form change. O	only applicable information is show	ın.
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 369 (12/10) Agen	cy-Relative Guardianship Disclos	ure
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 12/10	REPLACES 9/08	☐ Obsolete
REQUIRED FORM- No Change Permitted UNLESS OTHERWISE SPECIFIED STO		tted With Prior DSS Approval	Recommended Form
Department of Social Services Warehouse P.O. Box 980788		☐ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse		□ Use new form effective	immediately
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. 11 ☐ Other (specify)	-15 http://www.cdss.o	ca.gov/lettersnotices/entres/getinf	o/acl/2011/11_15.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC369.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.