NOTICE OF FORM CHANGE NO. 11-039			DATE
			4/14/2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			agement Unit
Listed below is information re	egarding a form change. C	Only applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 508A (3/11) Crimir	nal Record Statement - Adoption Fa	acilitator
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
\square New $oxed{oxed}$ Revised	3/11	REPLACES 8/07	☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destroy	
USE NEW FORM When supply available in DSS Warehouse		oxtimes Use new form effective	3/11
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English	/LIC508A.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.