NOTICE OF FORM CHANGE NO. 11-084				DATE 08-18-2011	
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Managem	ent Unit	
Listed below is information re	garding a form change. C	Only applica	able information is shown.		
This notice updates your Cal	ifornia Department of So	cial Service	es (CDSS) County Forms Cata	ılog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PUB 275 (4/07) Family Planning - Maki	ing The Co	mmitment For A Healthy Futur	e	
ORDER UNIT		ESTIMATED	<u> </u>	INITIAL SUPPLY SENT	
EACH	☐ Free ☐ Sold	REPLACES		☐ Yes ☐ No	
$\square$ New $\boxtimes$ Revised	4/07	4/07		☐ Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-	itted With E	Prior DSS Approval	Recommended Form	
UNLESS OTHERWISE SPECIFIED STO			HER:	Vecommended i omi	
Department of Social Services Warehouse			ERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSIT	ION AND	SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY			-to-		
☐ Use until exhausted		□ De	stroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse			se new form effective		
USE FORM IN ACCORDANCE WITH  ☐ All County Letter No.  ☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
The only addition to this PUB used for illustrative purposes		nt on the ba	ack that says, "All persons in tl	ne photographs are models and	
http://www.cdss.ca.gov/cdssv	web/entres/forms/English	/PUB275E	ng.pdf		
Camera-ready copies are cul http://www.dss.cahwnet.gov/	cdssweb/FormsandPu_2	71.htm.	et. Go to	OV	

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

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