NOTICE OF FORM CHANGE NO. 11-104			DATE
			10-11-2011
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Management Unit	
Listed below is information	regarding a form change. O	nly applicable information is show	'n.
This notice updates your C	California Department of Soc	ial Services (CDSS) County Form	is Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TIT ORDER UNIT MASTER ONLY	AD 929 (6/11)	DKe Consent Independent Adoptio	n Program
□ New ⊠ Revised	DATE OF FORM	REPLACES 11/09	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		ted With Prior DSS Approval	Recommended Form
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM		igtimes Use new form effective	8/11
USE FORM IN ACCORDANCE WITH All County Letter No.			
ADDITIONAL INFORMATION REGARDING	FORM CHANGE		
http://www.colog.co.go./od/	a su sa bila a tra a lfa rea a lla bila bil		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/AD929ENG.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.