NOTICE OF FORM CHANGE NO. 11-105			DATE
			10-11-2011
District Attorney			agement Unit
Listed below is information re	egarding a form change.	. Only applicable information is show	n.
This notice updates your Ca	lifornia Department of S	Social Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AD 904 (7/11) Englis Consent For Contact	·	
ORDER UNIT	ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY			☐ Yes ☐ No
☐ New ☐ Revised	7/11	12/10 (any old revisions)	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Peri	mitted 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 DISPOS	ITION AND SPECIAL INSTRUCTION	NS
olsposition of old supply Use until exhausted		⊠ Destroy	
use NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective	7/11
use FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FO			
http://www.cdss.ca.gov/cdss	web/entres/forms/Englis	sh/AD904.PDF	
http://www.cdss.ca.gov/cdss	web/entres/forms/Spani	ish/AD904SP.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.