NOTICE OF FORM CHANGE NO. 11-140		DATE
		11/16/2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change	e. Only applicable information is show	n.
This notice updates your California Department of	Social Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE PUB 411 (8/11) - 20 (Paper size 9" x 12"	Facts About Child Abuse And Negle	ct
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
EACH Solo	REPLACES	☐ Yes ☒ No
□ New □ Revised 8/11	11/07	☐ Obsolete
REQUIRED FORM-	- DOC Assessed	D
☐ No Change Permitted ☐ Substitute Pe	rmitted With Prior DSS Approval	☐ Recommended Form
Department of Social Services Warehouse		
P.O. Box 980788	☐ INTERNET:	
West Sacramento, CA 95798-0788	☐ INTRANET:	
FORMS DISPOS	SITION AND SPECIAL INSTRUCTION	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		
Other (specify)		

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.