NOTICE OF FORM CHANGE NO. 11-145		DATE	
		11/16/2011	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manageme	ent Unit	
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your California Department of Social	al Services (CDSS) County Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE AD 927 (9/11) Statement of Understanding - Independent Adoptions Program Indian Child			
ORDER UNIT MASTER ONLY Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No	
□ New □ Revised 9/11	REPLACES 7/11	☐ Obsolete	
REQUIRED FORM- No Change Permitted Required Form- Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER:			
Department of Social Services Warehouse P.O. Box 980788	☑ INTERNET:	TERNET:	
West Sacramento, CA 95798-0788	☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
DISPOSITION OF OLD SUPPLY Use until exhausted	⊠ Destroy		
USE NEW FORM When supply available in DSS Warehouse	☐ Use new form effective imme	ediately	
USE FORM IN ACCORDANCE WITH			
☐ All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FORM CHANGE			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/A	D927.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.