NOTICE OF FORM CHANGE NO. 11-147					DATE
					11/17/2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	agemei	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).					
FORM NUMBER, REVISION DATE AND TITLE	SOC 162 (10/11) Mutua	al Agreem	ent For Extended Foste	er Care	
MASTER ONLY		ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No
	ATE OF FORM 10/11	REPLACES			☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted 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 DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy			
USE NEW FORM When supply available in DSS Warehouse			$oxed{\boxtimes}$ Use new form effective imm		diately
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/SOC162.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.