NOTICE OF FORM CHANGE NO. 11-149		DATE
		11/17/2011
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	FROM: Forms Mana	gement Unit
Listed below is information regarding a form change.	Only applicable information is shown	
This notice updates your California Department of So	ocial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 880 (11/11) Sa Social Services	fely Surrendered Baby - Report To Th	ne California Department of
	ESTIMATED PRICE	
MASTER ONLY Free Sold		
New Revised 11/11	REPLACES	□ Obsolete
REQUIRED FORM- No Change Permitted Substitute Pern	nitted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:	
Department of Social Services Warehouse		
P.O. Box 980788 West Sacramento, CA 95798-0788		
FORMS DISPOSI	TION AND SPECIAL INSTRUCTION	S
Use until exhausted		
USE NEW FORM	$oxed{\boxtimes}$ Use new form effective	<u>11/11</u>
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/SOC880.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.