

**NOTICE OF FORM CHANGE NO. 15-102**

DATE

04/23/2015

**TO:**

County Welfare Director  
 Supply Clerk / Forms Coordinator  
 Community Care Licensing District Offices  
 District Attorney  
 Private and Public Adoption Agencies  
 Other

**FROM:**

Forms Management 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				AD 885C (2/15) - Statement of Understanding Agency Adoptions Program - Alleged Natural Father Of The Child Who Is Not Detained, A Juvenile Court Dependent In Out-Of-Home Care,			
ORDER UNIT		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised		DATE OF FORM 2/15		REPLACES 3/08		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
REQUIRED FORM-				REQUIRED FORM-			
<input type="checkbox"/> No Change Permitted				<input type="checkbox"/> Substitute Permitted With Prior DSS Approval			
				<input type="checkbox"/> Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				<input type="checkbox"/> OTHER:			
<b>Department of Social Services Warehouse</b>				<input checked="" type="checkbox"/> INTERNET:			
<b>P.O. Box 980788</b>				<input type="checkbox"/> INTRANET:			
<b>West Sacramento, CA 95798-0788</b>							

**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 effectiveImmediately

## 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/AD885C.PDF>