NOTICE OF FORM CHANGE NO. 12-081						DATE	
						10-01-2012	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Mar	nageme	nt Unit	
Listed below is information re	garding a forn	n change. Or	nly applica	ble information is show	n.		
This notice updates your Ca	lifornia Depart	ment of Soci	al Service	s (CDSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 1239 AF	, ,	nuation Pa	ige - Annual Reporting	Budaet		
ORDER UNIT ES				ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY ⊠ Free □ Sold					☐ Yes		
⊠ New ☐ Revised	DATE OF FORM 9/12		REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FO						
☑ No Change Permitted    ☐ 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:			
West Sacramento, CA 95798-0788				☐ INTRANET:			
	FORMS	DISPOSITIO	ON AND S	PECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY  Use until exhausted			☐ Des	stroy			
USE NEW FORM  ☐ When supply available in DSS Warehouse				e new form effective	Refer	to 12-49	
Selection of the selec	p://www.cdss	.ca.gov/letter	snotices/e	entres/getinfo/acl/2012/	12-49.pd	lf	
Other (specify)							
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1239AR.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.