NOTICE OF FORM CHANGE NO. 12-087					DATE
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	ageme	nt Unit
Listed below is information re	garding a form change. Or	nly applical	ble information is show	n.	
This notice updates your Cal	lifornia Department of Soci	ial Services	s (CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SAR 2 (10/12) Reporting Changes For				
ORDER UNIT  MASTER ONLY  Free Sold		ESTIMATED F	ESTIMATED PRICE		INITIAL SUPPLY SENT  Yes No
New ☐ Revised	DATE OF FORM  10/12	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		☐ OTH			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY  Use until exhausted		☐ Des	troy		
USE NEW FORM  ☐ When supply available in DSS Warehouse		☐ Use new form effective Refe		Refer	to ACI 12-59
USE FORM IN ACCORDANCE WITH  All County Letter No. htt  Other (specify)	p://www.cdss.ca.gov/letter	rsnotices/e	ntres/getinfo/acl/2012/	12-59.pd	f
ADDITIONAL INFORMATION REGARDING FOR					
http://www.cdee.ca.gov/cdee	web/entree/forme/English/9	SAR2 ndf			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SAR2.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.