NOTICE OF FORM CHANGE NO. 13-011				DATE
				02-11-2013
District Attorney			FROM: Forms Management Unit	
Listed below is information re	egarding a form change. C	Only applicable information is s	hown.	
This notice updates your Cal	lifornia Department of Soc	cial Services (CDSS) County F	orms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 2244 (1/13) Englis	•		
		ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY				☐ Yes
☐ New ☐ Revised	DATE OF FORM 1/13	REPLACES 6/11		☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permi	tted With Prior DSS Approval	□R€	ecommended Form
UNLESS OTHERWISE SPECIFIED STO	☐ OTHER:			
Department of Social Service	ces Warehouse	⊠ INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:		
	FORMS DISPOSIT	ON AND SPECIAL INSTRUC	TIONS	
DISPOSITION OF OLD SUPPLY		N -		
Use until exhausted		□ Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective	re <u>date</u> d	of this notice
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/	/SOC2244.pdf		
http://www.adaa.aa.aa./adaa	wah /antroa/farma/Charish	/COC2244CD ndf		

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SOC2244SP.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.