NOTICE OF FORM CHANGE NO. 13-016			DATE
			02-27-2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			nagement Unit
Listed below is information re	garding a form change.	Only applicable information is show	vn.
This notice updates your Cal	lifornia Department of Sc	ocial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP AR 1 (2/13)		
	• • •	- New Reporting Requirements For	CalWORKs and CalFresh
ORDER UNIT ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	☐ Free ☐ Sold		☐ Yes ⊠ No
☐ New ☐ Revised	DATE OF FORM 2/13	PLACES 9/12	Obsolete
REQUIRED FORM-	REQUIRED FORM-		
		nitted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STO	CK MAINTAINED AT:	☐ OTHER:	
Department of Social Service	ces Warehouse	☐ INTERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSIT	TION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy	
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective	Refer to 12-49E
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/lett	ersnotices/EntRes/getinfo/acl/2012	2/12-49E.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMPAR1.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.