NOTICE OF FORM CHANGE NO. 13-025							DATE		
							03-20-2013		
TO: County Welfare Di Supply Clerk / For Community Care L District Attorney Private and Public Other	ms Coordinat Licensing Dis	trict Offices		FROM	l: Forms Mar	agemei	nt Unit		
Listed below is information re	egarding a forr	n change. Or	nly applicabl	e infor	mation is show	'n.			
This notice updates your Ca	llifornia Depart	ment of Soci	al Services	(CDSS	6) County Form	is Catalo	g (PUB 69).		
FORM NUMBER, REVISION DATE AND TITLE	DFA 200-A	3 QR (1/13) E enefits Your I	-	•					
ORDER UNIT	RUNIT			ESTIMATED PRICE			INITIAL SUPPLY SENT		
MASTER ONLY	Free	Sold 🛛	\$.07 Englis	sh /	\$.09 Spanish	1	🗌 Yes 🛛 No		
□ New ⊠ Revised	DATE OF FORM		replaces 5/06				Obsolete		
REQUIRED FORM-		_{км-} titute Permitt	ed With Pric	or DSS	Approval	Re	ecommended Form		
UNLESS OTHERWISE SPECIFIED STO	OTHER:								
Department of Social Servi P.O. Box 980788									
West Sacramento, CA 9579									
	FORMS	DISPOSITIC	ON AND SP	ECIAL	INSTRUCTIO	NS			
ISPOSITION OF OLD SUPPLY \square Use until exhausted			□ Destroy						
use New FORM			\boxtimes Use new form effective whe			when	feasible		
USE FORM IN ACCORDANCE WITH									
All County Letter No.									
Other (specify)									
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE								
http://www.cdss.ca.gov/cdss	web/entres/for	ms/English/E	FA285A3Q	R.PDF	:				
http://www.cdss.ca.gov/cdss	web/entres/fer	me/Spanich/		יםפסי	odf				
mp.// www.cuss.ca.yuv/Cuss	web/enties/101	ma opanisti/		, דטרוא	Jui				

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.