NOTICE OF FORM CHANGE NO. 13-040						DATE	
						5/6/2013	
To: 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 form	change. Or	nly applica	able information is show	/n.		
This notice updates your Cal	ifornia Departn	nent of Soci	al Service	es (CDSS) County Form	ns Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SAR 22 (3/13	3)					
	•	•	Applying I	For Or Receiving Cash A	Aid And/	Or CalFresh	
ORDER UNIT			ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY ☐ Free ☐ Sold					☐ Yes ☐ No		
New □ Revised	3/13		REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FOR						
No Change Permitted		Prior DSS Approval	L R€	ecommended 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 I	DISPOSITIO	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted				☐ Destroy			
USE NEW FORM When supply available in DSS Warehouse			⊠ U:	☐ Use new form effective Refer to 13-26			
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.c	a.gov/letter	snotices/l	EntRes/getinfo/acl/2013	3/13-26.p	df	
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SAR22.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.