NOTICE OF FORM CHANGE NO. 13-059				DATE	
					05/31/2013
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	nagemer	nt Unit
Listed below is information re	garding a form change. Or	nly applicab	le information is show	'n.	
This notice updates your Cal	lifornia Department of Soci	ial Services	(CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 532 (4/13) Notice Of Action - Contir	nuation Pag	e - 48-Month Time Lir	mit Disco	ontinue
ORDER UNIT  MASTER ONLY   Free  Sold		ESTIMATED PR	ESTIMATED PRICE		INITIAL SUPPLY SENT
□ New □ Revised	DATE OF FORM 4/13	REPLACES 9/11			☐ Yes ☐ No ☐ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitt	tad With Pri	or DSS Approval		ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788  West Sacramento, CA 95798-0788			☐ OTHER:  ☐ INTERNET: ☐ INTRANET:		
	FORMS DISPOSITION	ON AND SP	ECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ Dest			
USE NEW FORM  When supply available in DSS Warehouse		⊠ Use	☐ Use new form effective Re		to ACL 13-42
SE FORM IN ACCORDANCE WITH  ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/letter	rsnotices/En	ntRes/getinfo/acl/2013	/13-42.p	df
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA532.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.