NOTICE OF FORM CHANGE NO. 13-124				DATE	
					10-03-2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar	nagemei	nt Unit
Listed below is information re	garding a form change.	Only applicab	le information is show	/n.	
This notice updates your Ca	lifornia Department of So	ocial Services	(CDSS) County Form	ns Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP SAR 1 (9/13) I	•		h	
ORDER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold				☐ Yes ⊠ No
☐ New ☐ Revised	DATE OF FORM 9/13	REPLACES 10/12			☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-				
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form					ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:		
Department of Social Services Warehouse P.O. Box 980788					
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSIT	TION AND SP	ECIAL 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 13-80		
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/lett	tersnotices/En	tRes/getinfo/acl/2013	3/13-80.p	df
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMPSAR1.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.