NOTICE OF FORM CHANGE NO. 13-137			DATE
			10-30-2013
District Attorney			nagement Unit
Listed below is information re	garding a form change. O	nly applicable information is show	/n.
This notice updates your Cal	lifornia Department of Soc	ial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SAWS 2A QR (9/11) En Rights, Responsibilities	glish and Spanish And Other Important Information	INITIAL SUPPLY SENT
	□ Free □ Sold		🗌 Yes 🛛 No
	DATE OF FORM	REPLACES	⊠ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ted With Prior DSS Approval	Recommended Form
Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	Refer to ACL 13-26
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/letter	rsnotices/EntRes/getinfo/acl/2013	3/13-26.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

SAWS 2A QR English and Spanish have been replaced by the SAWS 2A SAR.