NOTICE OF FORM CHANGE NO. 13-139					DATE
				11/13/2013	
TO:			FROM:		
County Welfare Director			Forms Management Unit		
Supply Clerk / Forr	ns Coordinator				
Community Care L	icensing District Offices	s			
District Attorney	· ·				
Private and Public Adoption Agencies					
Other					
Listed below is information re	garding a form change. C	Only applica	ble information is show	n.	
This notice updates your Ca	lifornia Department of Soc	cial Service	s (CDSS) County Form	s Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SAWS 1 (8/13) English	and Spani	sh		
	Initial Application For C			al/Health	n Care Programs
ORDER UNIT		ESTIMATED	PRICE		INITIAL SUPPLY SENT
SET	☐ Free ☐ Sold	ENG = \$.14 / SP = \$.17		☐ Yes
☐ New ☐ Revised	DATE OF FORM 8/13	REPLACES 12/06			Obsolete
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted	☐ Substitute Permi		rior DSS Approval	L Re	ecommended Form
UNLESS OTHERWISE SPECIFIED STO		☐ OTH	ER:		
Department of Social Service P.O. Box 980788		RNET:			
West Sacramento, CA 9579		☐ INTRANET:			
	FORMS DISPOSITI	ION AND S	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY					
Use until exhausted		☐ Des	stroy		
USE NEW FORM When supply available in DSS Warehouse		⊠ Us	☐ Use new form effective January 1, 2014		
USE FORM IN ACCORDANCE WITH					
\square All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cdss		/SAWS 1 n	ndf		
http://www.cdss.ca.gov/cdss					
NOTE:					
The SAWS 1 (8/13) version	is intended for use begi	inning .lan	uary 1 2014 with the	imnleme	entation of the Affordable
Care Act. Please continue					
	(
Camera-ready copies are cu	rrently available on the CI	DSS Interne	et. Go to		
http://www.dss.cahwnet.gov/	-				
Form information on forms no			act FMU at fmudss@ds	ss.ca.gov	<i>1</i> .

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

GEN 127 (3/02)