NOTICE OF FORM CHANGE NO. 13-147				DATE 12-12-2013
District Attorney			FROM: Forms Manageme	<u> </u>
Listed below is information re	egarding a form change. Or	nly applica	able information is shown.	
This notice updates your Ca	lifornia Department of Soci	al Service	es (CDSS) County Forms Catal	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	AR 2 (11/13), AR 2 SAI	R (11/13)	, SAR 2 (11/13)	
MASTER ONLY ☐ Free ☐ Sold		ESTIMATED REPLACES	PRICE	INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	11/13			☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitt	ed With F	Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			ERNET:	
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIONS	
Use until exhausted		☐ De	stroy	
use NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective				
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR The only change to these thr		DRM - SU	BSTITUTES PERMITTED	
http://www.cdss.ca.gov/cdss	web/entres/forms/English/A	AR2.pdf		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/A	AR2SAR.p	odf	
http://www.cdss.ca.gov/cdss	web/entres/forms/English/S	SAR2.pdf		
	cdssweb/FormsandPu_27′ ot listed in the catalog, you	1.htm. may cont	tact FMU at fmudss@dss.ca.go	
Contact Language Services t	for other languages at (916	6) 651-887	76 or by e-mail at LTS@dss.ca	.gov.