NOTICE OF FORM CHANGE NO. 13-153						DATE	
						12-26-2013	
TO:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other				FROM: Forms Man	agemer	nt Unit	
Listed below is information re	garding a form	change. On	nly applica	ble information is show	'n.		
This notice updates your Cal	lifornia Departm	ent of Socia	al Service	s (CDSS) County Form	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CF 10 (12/13) Dependent Ca		ffidavit				
ORDER UNIT			ESTIMATED PRICE		INITIAL SUPPLY SENT		
MASTER ONLY	⊠ Free [	Sold				☐ Yes ☐ No	
⊠ New ☐ Revised	12/13		REPLACES			Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FORM  Substit		ed With P	rior DSS Approval	⊠Re	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				☐ OTHER:			
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			⊠ INTERNET:				
			☐ INTRANET:				
	FORMS D	ISPOSITIO	ON AND S	PECIAL INSTRUCTIO	NS		
Use until exhausted			☐ Des	stroy			
USE NEW FORM  When supply available in DSS Warehouse			☐ Use new form effective Refer to			to 13-102	
SE FORM IN ACCORDANCE WITH  ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca	a.gov/letters	snotices/E	EntRes/getinfo/acl/2013	/13-102.	odf	
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF10.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.