NOTICE OF FORM CHANGE NO. 06-125			DATE 08/29/2006
TO: County Welfare Director Supply Clerk / Forms Coordinator		FROM: Forms Management Unit (916) 657-1907	
□ Community Care Licens □ Private and Public Adopt		☐ District Attorney ☐ Other	
Listed below is information re	garding a form change. Or	nly applicable information is shown.	
This notice updates your Dep	artment of Social Services	County Forms Catalog.	
		equires 8 1/2" x 14" paper printed landscap nia Welfare Programs (Large Print also)	pe)
ORDER UNIT EACH		ESTIMATED PRICE	INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	DATE OF FORM 8/06	REPLACES 11/05	Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted With 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			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
□ Disposition of old supply □ Use until exhausted □ Destroy			
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective ☐ Use new form effective			
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
Additional information regarding for Attached are viewing copies		eds to be printed, please go to the followin	g website(s):
PUB 13 (8/06) - Your Rights PUB 13 (8/06) - Your Rights		x 14" paper printed landscape) 2" x 11")	
PUB 13 (pamphlet) is printed 8 1/2 x 14.			
PUB 13 (large print) is printed	d 8 1/2 x 11.		

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8871or by electronic mail at LTS@dss.ca.gov.