NOTICE OF FORM CHANGE NO. 10-001		DATE
		1/07/2010
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manageme	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.		
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).		
FORM NUMBER, REVISION DATE AND TITLE PUB 13 (11/09) Your Rights Pamphlet (Requires 8 1/2" x 14 paper printed landscape)		
MASTER ONLY ⊠ Free □ Sold	TIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
□ New □ Revised □ New □ Revised □ 11/09 □ 3/0	PLACES D7	☐ Obsolete
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	With Prior DSS Approval ☐ Re ☐ OTHER: ☐ INTERNET: ☐ INTRANET:	ecommended Form
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS		
Use until exhausted	Destroy	
USE NEW FORM  When supply available in DSS Warehouse	☐ Use new form effective imme	diately
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE  http://www.dss.cahwnet.gov/cdssweb/entres/forms/English	/pub13.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.