NOTICE OF FORM CHANGE NO. 10-003				DATE	
				1/07/2010	
County Welfare Direct Supply Clerk / Forms Community Care Lice District Attorney Private and Public Act Other	FROM:	orms Manageme	nt Unit		
Listed below is information rega	arding a form change. Or	nly applicable informati	on is shown.		
This notice updates your Califo	ornia Department of Soci	al Services (CDSS) Co	ounty Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PUB 13 (11/09) Your Rig	hts Pamphlet (Large	Print 8 1/2" x 11")		
	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No	
	1/09	REPLACES 3/07		☐ Obsolete	
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		☐ OTHER: ☐ INTERNET:			
West Sacramento, CA 95798-0	0788 	☐ INTRANET:			
PIODOGITION OF OLD GUIDDLY	FORMS DISPOSITION	N AND SPECIAL INS	STRUCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy			
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective immediately			
USE FORM IN ACCORDANCE WITH All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM					
http://www.dss.cahwnet.gov/cd	lssweb/entres/forms/Eng	lish/pub13ada ndf			

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.