NOTICE OF FORM CHANGE NO. 10-005							DATE
							2/4/2010
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other					FROM: Forms Mana	agemer	nt Unit
Listed below is in	nformation re	garding a form	change. Or	nly applica	able information is shown	ı.	
This notice upda	ates your Cal	lifornia Departn	nent of Soci	al Service	es (CDSS) County Forms	Catalo	g (PUB 69).
FORM NUMBER, REVISIO	N DATE AND TITLE	PUB 13 (3/07 (Requires 8	. •	rinted lan	<u> </u>		
MASTER ONLY X Free X Sold			ESTIMATED	PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No	
□ New ▷	Revised	DATE OF FORM 3/07		REPLACES 11/09			☐ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form							
Department of Cocial Corvince Warehouse					IER:		
P.O. Box 980788					ERNET:		
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							
□ All County I □ Other (spec	_etter No.						
ADDITIONAL INFORMATION REGARDING FORM CHANGE							
http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/pub13.pdf							
http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/PUB13sp.pdf							
•	•						ease use the 3/07 versions from using them until further
Camera-ready of http://www.dss.of	cahwnet.gov/	cdssweb/Forms	sandPu_271	1.htm.	et. Go to act FMU at fmudss@dss	s.ca.gov	
Contact Langua	ge Services f	for other langua	iges at (916	6) 651-887	′ 6 or by e-mail at LTS@d	lss.ca.g	ov.