NOTICE OF FORM CHANGE NO. 10-007 ERRATA		DATE
		2/8/2010
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manag	gement Unit
Listed below is information regarding a form change.	Only applicable information is shown.	
This notice updates your California Department of So	cial Services (CDSS) County Forms (Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE PUB 13 (3/07) Your Ri (Requires 8 1/2" x 14"	ights Pamphlet - English & Spanish printed landscape)	
MASTER ONLY	ESTIMATED PRICE	INITIAL SUPPLY SENT
□ New ⊠ Revised 3/07	REPLACES 11/09	□ Obsolete
REQUIRED FORM- No Change Permitted Substitute Perm	itted 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	 □ OTHER: ⊠ INTERNET: □ INTRANET: 	
FORMS DISPOSIT	TION AND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY		
USE NEW FORM	Use new form effective	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
additional information regarding form change http://www.dss.cahwnet.gov/cdssweb/entres/forms/Er	nglish/pub13.pdf	

http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/PUB13sp.pdf

Due to several errors on the 11/09 PUB 13, we are in the process of amending this publication. In the interim, we have made the 3/07 publication available for use.

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.