NOTICE OF FORM CHANGE NO. 10-008 ERRATA			DATE
			2/8/2010
		FROM:	
County Welfare Dir Supply Clerk / Forr	ns Coordinator icensing District Offices	Forms Manageme	nt Unit
Listed below is information re	garding a form change. Or	nly applicable information is shown.	
This notice updates your Ca	lifornia Department of Soci	al Services (CDSS) County Forms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 13 (3/07) Your Righ (Large Print 8 1/2" x 11")	nts Pamphlet - English & Spanish)	
MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised	3/07	REPLACES 11/09	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- On the state of the state			
No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: ☐ OTHER:			
Department of Social Services Warehouse		□ STILIT	
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:	
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 FORM IN ACCORDANCE WITH			
☐ All County Letter No.☐ Other (specify)			
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/pub13ada.pdf			
http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/PUB13LargeSP.pdf			
Due to several errors on the the 3/07 publication available		ne process of amending this publication.	In the interim, we have made
	cdssweb/FormsandPu_27′ ot listed in the catalog, you	1.htm. may contact FMU at fmudss@dss.ca.go	
Contact Language Services I	or other languages at (916	s) 651-8876 or by e-mail at LTS@dss.ca.g	JOV.