NOTICE OF FORM CHANGE NO. 10-016 ERRATA				DATE 9/14/2010
To:  County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		FROM: Forms Manageme	ent Unit
Listed below is information re	garding a form change. Or	nly applica	able information is shown.	
This notice updates your Cal	lifornia Department of Soci	al Service	es (CDSS) County Forms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE		•	3 1/2" x 14" paper printed lands	INITIAL SUPPLY SENT
EACH	Free Sold  Date of form REPLACES			☐ Yes ☐ No
☐ New ☐ Revised	3/10	11/09		☐ Obsolete
REQUIRED FORM-  No Change Permitted  Substitute Permitted With Prior DSS Approval  UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  OTHER:				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788  West Sacramento, CA 95798-0788		⊠ INTI	HER: ERNET: RANET:	
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ De	stroy	
USE NEW FORM  ☑ When supply available in DSS Warehouse		⊠ U:	se new form effective imme	ediately
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub13.pdf				
Correction made on this GEN  No printing at this time becau			Init" has been corrected from "Meded.	laster Only" to "Each."
Camera-ready copies are cur http://www.dss.cahwnet.gov/c Form information on forms no	cdssweb/FormsandPu_27	1.htm.	et. Go to tact FMU at fmudss@dss.ca.go	v.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

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