NOTICE OF FORM CHANGE NO. 10-037 ERRATA					DATE
					09/13/2010
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mana	agemen	t Unit
Listed below is information reg	nly applica	hble information is shown	า		
This notice updates your Calif					a (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SAWS 2A QR (8/10) Rights, Responsibilities and Other Important Information For The Cash Aid and Food Stamp Programs, and/or Medi-Cal/34-County Medical Services Program (CMSP)					
ORDER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT
SET	☐ Free ☐ Sold	New prid	ce per set once printed		☐ Yes
	DATE OF FORM 8/10	REPLACES 1/07			☐ Obsolete
REQUIRED FORM- 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		OTH	HER: ERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788			RANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ De	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		⊠ Us	se new form effective	immed	iately
USE FORM IN ACCORDANCE WITH					
☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE					
http://www.cdss.ca.gov/cdssweb/entres/forms/English/SAWS2AQR.pdf					
Per instruction on ACL, use not Please print off the internet as will be notified then.					
Camera-ready copies are curr http://www.dss.cahwnet.gov/c Form information on forms no	cdssweb/FormsandPu_27	1.htm.		s.ca.gov.	

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

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