NOTICE OF FORM CHANGE NO. 10-043					
				DATE 09/21/2010	
To: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit		
District Attorney	icensing District Offices Adoption Agencies	5			
Listed below is information re	egarding a form change. C	Only application	able information is show	n.	
This notice updates your Ca	lifornia Department of Soc	cial Service	es (CDSS) County Form	ns Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 426A (6/10) Engli	sh and Sp	anish		
	, , ,	•	gram Recipient Designa	ation Of Provider	
ORDER UNIT	⊠ Free □ Sold	ESTIMATED	PRICE	INITIAL SUPPLY SENT	
MASTER ONLY	DATE OF FORM	REPLACES		☐ Yes ☐ No	
New Revised	6/10			☐ Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM-	itted With F	Prior DSS Approval	☐ Recommended Form	
UNLESS OTHERWISE SPECIFIED STO			HER:	Recommended Form	
Department of Social Servi	□ STIELL				
P.O. Box 980788 West Sacramento, CA 9579	☐ INTRANET:				
	FORMS DISPOSIT	ION AND	SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		□ D o	otrov		
			stroy		
□ When supply available in DSS Warehouse		☐ Use new form effective S		See ACIN for information	
USE FORM IN ACCORDANCE WITH All County Letter No.					
	65-10				
ADDITIONAL INFORMATION REGARDING FO					
http://www.cdss.ca.gov/letter		cin/2010/I-6	65 10.pdf		
http://www.cdss.ca.gov/cdss	_		•		
http://www.cdss.ca.gov/cdss	_				
	·				
Camera-ready copies are su	rrently available on the CI	DSS Intorn	et Go to		
Camera-ready copies are cu http://www.dss.cahwnet.gov/	cdssweb/FormsandPu_27	71.htm.			
Form information on forms no	ot listed in the catalog, yo	u may con	tact FMU at fmudss@ds	ss.ca.gov.	

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