NOTICE OF FORM CHANGE NO. 10-052		DATE 12-29-2010
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		anagement Unit
Listed below is information regarding a form change.	Only applicable information is sho	own.
This notice updates your California Department of So	cial Services (CDSS) County For	rms Catalog (PUB 69).
	/SP - It's Your Money - Claim It A /SP - It's Your Money - Claim It a	
ORDER UNIT EACH Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
EACH Image: Pree Image: Solid Image: New Image: Revised Date of form 10/10 10/10	REPLACES 10/09	□ Yes ⊠ No □ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval X 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 DISPOSITION AND SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY	Destroy	
USE NEW FORM	Use new form effective	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) http://www.cdss.ca.gov/lette	ersnotices/entres/getinfo/acin/20	10/I-103_10.pdf
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB428.pdf		
http://www.cdss.ca.gov/cdssweb/entres/forms/English	I/PUB429.pdf	

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.