NOTICE OF FORM CHANGE NO. 11-003			DATE
			01-19-2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Managemen	nt Unit
Listed below is information re	egarding a form change. Or	nly applicable information is shown.	
This notice updates your Cal	lifornia Department of Soci	al Services (CDSS) County Forms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SAWS 2A QR (11/10) English and Spanish Right and Responsibilities and Other Important Information			
		ESTIMATED PRICE	
SET	Free Sold	.14 ENG / .22 SP REPLACES	☐ Yes  ☐ No
$\Box$ New $\Box$ Revised	11/10	8/10	Obsolete
REQUIRED FORM-	REQUIRED FORM-	ed With Prior DSS Approval	ecommended Form
UNLESS OTHERWISE SPECIFIED STO			
Department of Social Services Warehouse			
P.O. Box 980788 West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		Use new form effective	
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR			
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	SAWS2AQR.pdf	

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SAWS2AQRSP.pdf

Form Printed: 8 1/2 x 11, 6-part white bond set, 5/8 snap out at top, two hole punched at top.

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.