NOTICE OF FORM CHANGE NO. 11-052			DATE
			04-13-2011
District Attorney			ms Management Unit
Listed below is information re	garding a form change.	Only applicable information	ı is shown.
This notice updates your Ca	lifornia Department of So	cial Services (CDSS) Cou	nty Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	• • •	_	els For Cash Aid Recipients /ORKs Income Disregards
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
New □ Revised	DATE OF FORM 4/11	REPLACES	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Perm	itted With Prior DSS Appro	oval 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:	Transfer of the second
	FORMS DISPOSIT	ION AND SPECIAL INST	RUCTIONS
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
use New FORM ☐ When supply available in DSS Warehouse		⊠ Use new form eff	ective refer to ACL 11-29
use FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/lett	ersnotices/entres/getinfo/a	cl/2011/11-29.pdf
ADDITIONAL INFORMATION REGARDING FOR http://www.cdss.ca.gov/cdss		n/TEMP2250.pdf	

Camera-ready copies are currently available on the CDSS Internet. Go to

http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP2252.pdf

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.