NOTICE OF FORM CHANGE NO. 11-057					DATE	
					05-06-2011	
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	5 S	<b>//:</b> Forms Mar	nagemei	nt Unit		
Listed below is information re	garding a form change. C	Only applicable info	rmation is show	/n.		
This notice updates your Cal	lifornia Department of Soc	cial Services (CDS	S) County Form	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA BACK 9 - (Revised Your Hearing Rights	4/2011) English ar	d Spanish			
ORDER UNIT MASTER ONLY	☐ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT	
□ New ⊠ Revised	DATE OF FORM 4/11	REPLACES			□ Obsolete	
REQUIRED FORM- No Change Permitted  Substitute Permitted With Prior DSS Approval Recommended Form						
UNLESS OTHERWISE SPECIFIED STO						
Department of Social Servic P.O. Box 980788						
West Sacramento, CA 9579						
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY		Destroy				
USE NEW FORM	oxtimes Use new f	orm effective	when	feasible		
All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR http://www.cdss.ca.gov/cdss		NABACK9.PDF				

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/NABack9SP.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.