NOTICE OF FORM CHANGE NO. 11-071			DATE
			06/27/2011
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Man	agement Unit
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).			
FORM NUMBER, REVISION DATE AND TITLE  NA 281 (6/11) Notice Of Action Underpayment Amount Owed  (For Underpayments Occurring On Or After 1-1-98 thru 6-30-2011)			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 6/11	REPLACES 4/00	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permitted With Prior DSS Approval  Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788		☐ OTHER:  ☑ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
Use until exhausted		⊠ Destroy	
USE NEW FORM  When supply available in DSS Warehouse		☐ Use new form effective	July 1, 2011
See FORM IN ACCORDANCE WITH   ☐ All County Letter No.  ☐ Other (specify)	11-40		
ADDITIONAL INFORMATION REGARDING FORM CHANGE			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA281.PDF			

http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-40.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.