NOTICE OF FORM CHANGE NO. 11-108			DATE
			10-21-2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			agement Unit
Listed below is information re	garding a form change. O	nly applicable information is showr	1.
This notice updates your Ca	ifornia Department of Soc	ial Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP NA BACK 9 (9/11 Your Hearing Rights	1)	
ORDER UNIT	M F	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☐ Free ☐ Sold	250,4050	☐ Yes ☐ No
New □ Revised	DATE OF FORM 9/11	REPLACES	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ted With Prior DSS Approval	☐ 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	ON AND SPECIAL INSTRUCTION	IS
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
USE NEW FORM When supply available in DSS Warehouse		□ Use new form effective	see ACL 11-65
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. ht ☐ Other (specify)	tp://www.cdss.ca.gov/lette	ersnotices/entres/getinfo/acl/2011/1	1-65.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMPNABACK9.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.