NOTICE OF FORM CHANGE NO. 11-111				DATE
				10-21-2011
County Welfare Director Supply Clerk / Forms Coord Community Care Licensing District Attorney Private and Public Adoption Other	FROM: Forms Ma	ınagemer	nt Unit	
Listed below is information regarding a form change. Only applicable information is shown.				
This notice updates your California De	partment of Social Se	ervices (CDSS) County For	ms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE NA 531 (9/11) Notice of Action 48-Month Time Limit (Continued) Adult Reached CalWORKs 48-Month Time Limit				
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	☐ Sold			☐ Yes ⊠ No
☐ New ☐ Revised 9/11	M REPL 4/1	ACES 1		Obsolete
REQUIRED FORM- No Change Permitted Required Form- Substitute Permitted With Prior DSS Approval Recommended Form				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:		
Department of Social Services Warehouse P.O. Box 980788		⊠ 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 see A		CL 11-65
USE FORM IN ACCORDANCE WITH All County Letter No. http://www.components.com/	dss.ca.gov/lettersnot	ces/entres/getinfo/acl/2011	/11-65.pd	f
ADDITIONAL INFORMATION REGARDING FORM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA531.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.