NOTICE OF FORM CHANGE NO. 11-112			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			FROM: Forms Management Unit	
Listed below is information re	garding a form change. O	nly applicable information is show	n.	
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS) County Form	ns Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 300 (9/11) Notice of Action - Recipi	ient - Financial Eligibility Tests		
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☒ No	
☐ New ☐ Revised	DATE OF FORM 9/11	REPLACES 1/99	☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-			
No Change Permitted	☐ Substitute Permit	ted 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	ON AND SPECIAL INSTRUCTIO	NS	
Use until exhausted		□ Destroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse		□ Use new form effective	see ACL 11-65	
Other (specify)		rsnotices/entres/getinfo/acl/2011/	11-65.pdf	
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA300.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.