NOTICE OF FORM CHANGE NO. 11-113					DATE
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other		FROM: Forms Management Unit			
Listed below is information re	egarding a form change. C	Only applicable	e information is show	/n.	
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Form	ns Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	ly's Income	'S Income ESTIMATED PRICE			
MASTER ONLY	Free Sold		REPLACES		
\Box New \Box Revised	9/11	6/00			Obsolete
REQUIRED FORM-	REQUIRED FORM-	tted With Prio	r DSS Approval	Re	ecommended Form
UNLESS OTHERWISE SPECIFIED STO		OTHER:			
Department of Social Service P.O. Box 980788		INTERNET:			
West Sacramento, CA 95798-0788					
	FORMS DISPOSITI	ION AND SPE	ECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY	⊠ Destro	ру			
USE NEW FORM	🛛 Use ı	\boxtimes Use new form effective see A		CL 11-65	
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.ca.gov/lette	ersnotices/ent	res/getinfo/acl/2011/	11-65.pc	f
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	/NA271.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.