NOTICE OF FORM CHANGE NO. 11-116			DATE
			10-21-2011
District Attorney			nagement Unit
Listed below is information re	garding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	, , ,	ghts, Responsibilities And Other In ams, and/or Medi-Cal/34-County	mportant Information For The Cash Medical Services Program
ORDER UNIT	R UNIT ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	☐ Free ☐ Sold		☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 9/11	REPLACES 8/10	☐ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  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
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
USE FORM IN ACCORDANCE WITH  ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/lette	rsnotices/entres/getinfo/acl/2011/	11-65.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SAWS2AQR.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.