NOTICE OF FORM CHANGE NO. 11-116 ERRATA					DATE	
					10-24-2011	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms M	anageme	nt Unit	
Listed below is information re	garding a form	change. On	ly applicable information is sh	own.		
This notice updates your Ca	lifornia Departr	ment of Socia	al Services (CDSS) County Fo	orms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE		· · ·	hts, Responsibilities And Othe ms, and/or Medi-Cal/34-Coun	•		
ORDER UNIT			ESTIMATED PRICE		INITIAL SUPPLY SENT	
SET		Sold	.14 English / .22 Spanish			
\Box New \Box Revised	DATE OF FORM 9/11		REPLACES 8/10		☐ Obsolete	
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse			ed With Prior DSS Approval		ecommended Form	
P.O. Box 980788						
West Sacramento, CA 95798-0788						
	FORMS	DISPOSITIC	N AND SPECIAL INSTRUCT	IONS		
ISPOSITION OF OLD SUPPLY						
USE NEW FORM			oxtimes Use new form effective	see A	see ACL 11-65	
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.o	ca.gov/letters	snotices/entres/getinfo/acl/201	1/11-65.pc	lf	
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
http://www.cdss.ca.gov/cdssv	web/entres/form	ms/English/S	AWS2AQR.PDF			
This is to inform you that this	is a SOLD for	m, stock is st	tored at the CDSS Warehouse	e for orderir	ng.	

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.