NOTICE OF FORM CH	DATE		
			12-06-2011
District Attorney		FROM: Forms Management Unit	
Listed below is information re	garding a form change. Or	nly applicable information is sho	wn.
This notice updates your Cal	lifornia Department of Soci	al Services (CDSS) County For	ms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP 2256 (11/11) IHS Service Hours	SS Program Notice To Recipien	t Of Exemption From Reduction in
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
$igvee$ New $\Box$ Revised	DATE OF FORM 11/11	REPLACES	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ed 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			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	ONS
DISPOSITION OF OLD SUPPLY		Destroy	
JSE NEW FORM		$oxed{\boxtimes}$ Use new form effective	refer to 11-81
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/letter	snotices/entres/getinfo/acl/2011	/11-81.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/T	EMP2256.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.