NOTICE OF FORM CHA			DATE	
TO TIOL OF TORM OF	, 10-012			02/16/2016
To: County Welfare Discounty Clerk / Ford Community Care Less District Attorney Private and Public Other		ms Managemer	nt Unit	
Listed below is information re	egarding a form change.	Only applicable information	n is shown.	
This notice updates your Ca	lifornia Department of Sc	ocial Services (CDSS) Cou	nty Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SR 9 (5/15) Federal E	xpenditure Certification		
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	Free Sold	REPLACES		Yes No
☐ New ☐ Revised	5/15	03/07		Obsolete
REQUIRED FORM- REQUIRED FORM-				
☐ No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☑ INTERNET: ☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☑ Use new form effective ☐ Immediately				
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FORM CHANGE				
http://www.cdss.ca.gov/cdssweb/entres/forms/English/SR9.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.