NOTICE OF FORM CHANGE NO. 16-044			DATE 4/8/2016
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Mana	I
Listed below is information re	egarding a form change. O	nly applicable information is shown.	
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	See Below.		
ORDER UNIT MASTER ONLY	X Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes  ☐ No
☐ New X Revised	1/16	REPLACES 11/15	Obsolete
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  INTERNET: INTRANET:			
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTIONS	 S
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/NA1277.pdf  NA 1277 (1/16) - NOTICE OF ACTION Approved Relative Caregiver (Arc) Overpayment			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1278.pdf  NA 1278 (1/16) - NOTICE OF ACTION - Approve Approved Relative Caregiver (Arc) Payment			
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.			