NOTICE OF FORM CHANGE NO. 16-045					DATE	
					04/08/2016	
To:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other			FROM: Form	s Managemer	nt Unit	
Listed below is information re	garding a form chanç	ge. Only applica	ble information is	s shown.		
This notice updates your Cal	ifornia Department o	f Social Service	s (CDSS) County	y Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 1279 (1/16) - N (Arc) Payment	IOTICE OF ACT	TON - Deny App	roved Relative	Caregiver	
ORDER UNIT  MASTER ONLY		ESTIMATED F	ESTIMATED PRICE		INITIAL SUPPLY SENT	
					Yes X No	
☐ New X Revised	1/16	REPLACES 12/15			Obsolete	
REQUIRED FORM-	REQUIRED FORM-	LIME D: D	20.4	15	. –	
□ No Change Permitted ☑ Substitute Permitted With Prior DSS Approval □ Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse			☐ OTHER:  ☑ INTERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:			
west Sacramento, CA 95790	(ANET:					
	FORMS DISPO	SITION AND S	PECIAL INSTRI	UCTIONS		
Use until exhausted		⊠ Des	stroy			
USE NEW FORM  When supply available in DSS Warehouse X Use new form			effective	Immed	diately	
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1279.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.