| NOTICE OF FORM CHANGE NO. 16-046   |                                  |                |                            |                  | DATE                          |
|--|----------------------------------|----------------|----------------------------|------------------|-------------------------------|
|  |                                  |                |                            |                  | 4/11/2016                     |
| To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other |                                  |                | FROM:<br>For               | ms Managemer     | nt Unit                       |
| Listed below is information re   | garding a form change. C         | Only applica   | able information           | n is shown.      |                               |
| This notice updates your Ca  | lifornia Department of So        | cial Service   | es (CDSS) Cou              | nty Forms Catalo | g (PUB 69).                   |
| FORM NUMBER, REVISION DATE AND TITLE   | NA 1280 (2/16) NOTICE<br>PAYMENT | E OF ACTIO     | N - DISCONTIN              | UE APPROVED RE   | ELATIVE CAREGIVER (ARC)       |
| ORDER UNIT MASTER ONLY   | ⊠ Free ☐ Sold                    | ESTIMATED      | ESTIMATED PRICE            |                  | INITIAL SUPPLY SENT  Yes X No |
| ☐ New ☐ Revised  | DATE OF FORM 2/16                | REPLACES 12/15 |                            |                  | 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                             |                                  | ☐ OTH          | OTHER: INTERNET: INTRANET: |                  |                               |
| FORMS DISPOSITION AND SPECIAL INSTRUCTIONS   |                                  |                |                            |                  |                               |
| Use until exhausted  |                                  | ☐ De:          | stroy                      |                  |                               |
| USE NEW FORM  ☐ When supply available in DSS Warehouse  ☐ Use new form effective  Immediately  |                                  |                |                            |                  |                               |
| All County Letter No.  Other (specify)   |                                  |                |                            |                  |                               |
| ADDITIONAL INFORMATION REGARDING FOR   | RM CHANGE                        |                |                            |                  |                               |
| http://www.cdss.ca.gov/cds   | sweb/entres/forms/Engli          | sh/NA1280      | <u>.pdf</u>                |                  |                               |
|  |                                  |                |                            |                  |                               |

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.