NOTICE OF FORM CHANGE NO. 16-102					DATE	
NOTICE OF TORM CITE						
					9/15/2016	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: For	ms Manageme	nt Unit	
Listed below is information re	egarding a form change.	Only applica	ble information	n is shown.		
This notice updates your Ca	lifornia Department of So	ocial Service	s (CDSS) Cou	nty Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	RFA 01C (8/16) - Res	ource Family	/ Application-C	onfidential		
ORDER UNIT		ESTIMATED I	PRICE	INITIAL SUPPLY SENT		
MASTER ONLY	□ Free □ Sold				☐ Yes X No	
⊠ New ☐ Revised	B/16	REPLACES			Obsolete	
REQUIRED FORM-	REQUIRED FORM-			¬		
☐ No Change Permitted ☐ Substitute Permitted With			· ' '			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		∟ ОТН	OTHER:			
Department of Social Services Warehouse P.O. Box 980788			INTERNET:			
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSI	TION AND S	PECIAL INST	RUCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted						
USE NEW FORM When supply available in	n DSS Warehouse 🛛 U	Jse new form	effective	Imme	diately	
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
REA 010 (8/16) - Resource F	Family Application-Confi	dential				

RFA 01C (8/16) - Resource Family Application-Confidential

http://www.cdss.ca.gov/cdssweb/entres/forms/English/RFA01C.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.