NOTICE OF FORM CHANGE NO. 16-111				DATE
				10/17/2016
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		FROM: Forms Manag	ement Unit
Listed below is information re	garding a form change. Or	nly applica	ble information is shown.	
This notice updates your Cal	ifornia Department of Soci	al Service	s (CDSS) County Forms C	atalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 13 - See below			
ORDER UNIT MASTER ONLY	ASTER ONLY Sold		INITIAL SUPPLY SENT ☐ Yes ☒ No	
☐ New ☐ Revised	DATE OF FORM 8/16	REPLACES 6/11		Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER:				
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			ERNET: RANET:	
DISPOSITION OF OLD SUPPLY	FURMS DISPUSITION		SPECIAL INSTRUCTIONS	
Use until exhausted		⊠ Des	stroy	
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 FOR	RM CHANGE			
PUB 13 (8/16) - Your Rights Pamphlet (Requires 8-1/2" x 14" paper printed landscape) http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub13.pdf PUB 13 (8/16) - Your Rights Pamphlet (Large print 8-1/2" x 11")				
http://www.cdss.ca.gov/cdssv		•	pdf	
Camera-ready copies are cur http://www.dss.cahwnet.gov/c Form information on forms no	cdssweb/FormsandPu_27	1.htm.		a.gov.
Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.				