NOTICE OF FORM CHANGE NO. 16-125					DATE 11/4/2016	
TO:  County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		FROM: For	ms Managemer	nt Unit	
Listed below is information re	garding a form change. Or	nly applica	able information	n is shown.		
This notice updates your Cal	ifornia Department of Soci	ial Service	es (CDSS) Cou	nty Forms Catalog	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	RFA 01B (10/16) Resou RFA 07 (10/16) Resource	ce Family	Approval (RFA			
MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT  Yes X No	
⊠ New ☐ Revised	DATE OF FORM 10/16	REPLACES			Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitted Wi	ith Prior D	SS Approval	Recommended	d Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	☐ OTHER:  ☑ INTERNET: ☐ INTRANET:			
DISPOSITION OF OLD SUPPLY	FORMS DISPOSITION	ON AND S	SPECIAL INST	RUCTIONS		
Use until exhausted		⊠ De	stroy			
use NEW FORM  When supply available in	e new form	m effective Immediately				
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR						
RFA 01B (10/16) Resource F http://www.cdss.ca.gov/cdss	•		<u>df</u>			
RFA 07 (10/16) Resource Fa	• • • • • • •		•			
Camera-ready copies are cur http://www.dss.cahwnet.gov/	cdssweb/FormsandPu_27	1.htm.		idee@dee ca gov		

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

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