| NOTICE OF FORM CHANGE NO. 16-126 | | DATE |
|--|--------------------------|---------------------|
| | | 11/10/2016 |
| To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other | FROM: Forms Managemer | nt Unit |
| Listed below is information regarding a form change. Only applicable information is shown. | | |
| This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69). | | |
| FORM NUMBER, REVISION DATE AND TITLE NA Back 9 (11/16) ACA/MEDI-CAL | | |
| | ATED PRICE | INITIAL SUPPLY SENT |
| MASTER ONLY | | ☐ Yes X No |
| New Revised Date of Form 11/16 | CES | Obsolete |
| REQUIRED FORM- REQUIRED FORM- | | |
| No Change Permitted | | |
| Department of Capial Carriage Warehouse | OTHER: | |
| P.O. Box 980788 | NTERNET: | |
| West Sacramento, CA 95798-0788 | NTRANET: | |
| FORMS DISPOSITION AND SPECIAL INSTRUCTIONS | | |
| Use until exhausted | Destroy | |
| 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 FORM CHANGE | | |
| NA BACK 9 (11/16) ACA/MEDI-CAL | | |
| http://www.cdss.ca.gov/cdssweb/entres/forms/English/NAback9ACAMediCal.pdf | | |

Check on the Internet to see if forms are available at www.dss.cahwnet.gov.

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907. Contact Language Services for other languages at (916) 445-6778.