NOTICE OF FORM CHANGE NO. 16-130					DATE	
					12/7/2016	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: For	ms Managemer	nt Unit	
Listed below is information re	garding a form change	e. Only applica	able information	is shown.		
This notice updates your Ca	lifornia Department of	Social Service	es (CDSS) Cou	nty Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 1280 (11/16) No	tice Of Action	- Discontinue A	approved Relative	e Caregiver (ARC) Payment	
ORDER UNIT	V -	ESTIMATED	PRICE	INITIAL SUPPLY SENT		
MASTER ONLY	Free Sold	DEDI ACES	REPLACES		☐ Yes ☒ No	
☐ New X Revised	11/16	5/16		Obsolete		
EQUIRED FORM- REQUIRED FORM-						
No Change Permitted						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:						
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			NTERNET:			
			TRANET:			
	FORMS DISPOS	SITION AND S	SPECIAL INSTI	RUCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Des	stroy			
use new form When supply available ir	n effective	Immed	diately			
USE FORM IN ACCORDANCE WITH All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
NA 1280 (11/16) Notice Of A	ction - Discontinue Ap	proved Relativ	e Caregiver (A	RC) Payment		
http://www.cdss.ca.gov/cdss	web/entres/forms/Engl	lish/NA1280.pc	<u>df</u>			

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.