NOTICE OF FORM CHANGE NO. 16-132				DATE 12/7/2016
				12/1/2010
District Attorney		3	FROM: Forms Managemen	nt Unit
Listed below is information re	garding a form change. C	only applica	able information is shown.	
This notice updates your Ca	lifornia Department of Soc	cial Service	es (CDSS) County Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	ARC 1 (11/16) Stateme (ARC) Funding Option I		s Supporting Eligibility For The A	Approved Relative Caregiver
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT  Yes No
☐ New X Revised	DATE OF FORM 11/16	REPLACES 4/16		Obsolete
REQUIRED FORM- REQUIRED FORM-				
No Change Permitted	Substitute Permitted W			d Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788  West Sacramento, CA 95798-0788		⊠ INT	HER: ERNET: RANET:	
	FORMS DISPOSITI	ON AND	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY  Use until exhausted		⊠ De	estroy	
USE NEW FORM  ☐ When supply available in DSS Warehouse				
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
ARC 1 (11/16) Statement Of	Facts Supporting Eligibilit	y For The	Approved Relative Caregiver (A	RC) Funding Option Program
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/	/ARC1.pdf		
Chack on the Internet to see	if forms are available at w	nana des es	ahwnet gov	
Check on the Internet to see	ii ioiiiis are avallable at w	vvvv.uss.ca	anwnet.guv.	
For camera-ready copies of E Contact Language Services f			call the Forms Management Unit 78.	(FMU) at (916) 657-1907.