NOTICE OF FORM CHANGE NO. 13-038					DATE
					5-6-2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar	nagemer	nt Unit
Listed below is information re	egarding a form change. Or	nly applicat	ole information is show	/n.	
This notice updates your Ca	lifornia Department of Soci	ial Services	(CDSS) County Form	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SAR 3 (4/13) Mid-Period Status Repo	rt For Cash	Aid And CalFresh		
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY ☐ Free ☐ Sold					☐ Yes ☐ No
New □ Revised	DATE OF FORM 4/13	REPLACES			☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted	Substitute Permitt			⊠ Re	ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:		
Department of Social Services Warehouse		☐ INTERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTR	☐ INTRANET:		
	FORMS DISPOSITION	ON AND SF	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted			☐ Destroy		
USE NEW FORM When supply available in	☐ Use new form effective Refe		Refer	to 13-26	
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/Er	ntRes/getinfo/acl/2013	3/13-26.p	df
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cdss	web/entres/forms/English/S	SAR3.pdf			

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

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