NOTICE OF FORM CHANGE NO. 13-055			DATE
			05/31/2013
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Management Unit	
Listed below is information re	egarding a form change. Or	nly applicable information is show	'n.
This notice updates your Ca	lifornia Department of Soci	ial Services (CDSS) County Form	is Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 274G (5/13) Notice of Action - Contin	uation Page - Overpayment Com	putations (For 10/1/2013)
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		🗌 Yes 🛛 No
New Revised	DATE OF FORM 5/13	REPLACES	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted	Substitute Permit	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse			
P.O. Box 980788 West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		Destroy	
JSE NEW FORM		oxtimes Use new form effective	Refer to ACL 13-42
USE FORM IN ACCORDANCE WITH All County Letter No. ht Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/EntRes/getinfo/acl/2013	/13-42.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/N	NA274G.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.