NOTICE OF FORM CHANGE NO. 13-058					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 Mar	nageme	nt Unit	
Listed below is information re	garding a form change. Or	nly applica	able information is show	'n.		
This notice updates your Cal	ifornia Department of Soci	al Service	es (CDSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 531 (4/13) Notice Of Action - Contir	nuation Pa	age - 48-Month Time Lir	nit - Incl	udes Budget	
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY Free Sold				☐ Yes ☐ No		
☐ New ☐ Revised	date of form 4/13	9/11		☐ Obsolete		
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitt	ted With F	Prior DSS Approval	□R€	ecommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:			
Department of Social Services Warehouse P.O. Box 980788			⊠ INTERNET:			
West Sacramento, CA 95798-0788			RANET:			
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy			
USE NEW FORM When supply available in DSS Warehouse			☐ Use new form effective Refer to ACL 13-42			
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)		snotices/l	EntRes/getinfo/acl/2013	/13-42.p	df	
ADDITIONAL INFORMATION REGARDING FOR	IIVI CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA531.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.