NOTICE OF FORM CHANGE NO. 13-060			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 Man	agement Unit
Listed below is information reg	garding a form change. Or	nly applicable information is show	٦.
This notice updates your Cali	fornia Department of Soci	al Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP 44-111A (4/13) Income Disregards - Cha	ange	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY			☐ Yes ⊠ No
	DATE OF FORM 4/13	REPLACES 4/11	☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		⊠ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	NS
Use until exhausted		⊠ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse		☑ Use new form effective	Refer to ACL 13-42
SE FORM IN ACCORDANCE WITH SE All County Letter No. http ☐ Other (specify)	o://www.cdss.ca.gov/letter	snotices/EntRes/getinfo/acl/2013/	13-42.pdf
ADDITIONAL INFORMATION REGARDING FORM	M CHANGE		

http://www.cdss.ca.gov/cdssweb/NoticeofAc_2383.htm

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.