NOTICE OF FORM CHANGE NO. 13-130			DATE
			10/10/2013
District Attorney			agement Unit
Listed below is information re	egarding a form change. O	only applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	Messages listed in ACL	. 13-67	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold	REPLACES	☐ Yes ☐ No
oxtimes New $oxtimes$ Revised	8/13	REPLACES	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	tted 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 DISPOSITI	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY			
Use until exhausted		Destroy	
use NEW FORM When supply available in DSS Warehouse		☐ Use new form effective	Refer to 13-67
USE FORM IN ACCORDANCE WITH All County Letter No. ht	tp://www.cdss.ca.gov/lette	rsnotices/EntRes/getinfo/acl/2013	/13-67.pdf
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/NoticeofAc_2383.htm	1	
M44-350L (8/13) Notice of O M44-350M (8/13) EBT Repla TEMP WI 10072 (8/13) EBT	acment Denial		

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.

TEMP WI 10072A (8/13) EBT Replacement Review

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