NOTICE OF FORM CHANGE NO. 13-134						DATE	
						10/29/2013	
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	garding a forn	n change. Or	nly applicat	le information is show	/n.		
This notice updates your Cal	lifornia Depart	ment of Soci	al Services	(CDSS) County Form	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE		(10/13) Calf Elderly Or Dis		e Of Expiration Of Ce	rtification	For Households In Which All	
ORDER UNIT			ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY ☐ Free ☐ Sold		☐ Sold				☐ Yes ☐ No	
$\square$ New $\boxtimes$ Revised	DATE OF FORM 10/13		7/13			Obsolete	
REQUIRED FORM-	REQUIRED FOR						
No Change Permitted	⊠ Subs	titute Permitt	ted With Pri	or DSS Approval	☐ Re	ecommended 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	DISPOSITIO	ON AND SF	PECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY			<b>—</b>				
Use until exhausted			⊠ Dest	roy			
USE NEW FORM  When supply available in DSS Warehouse			☐ Use new form effective Refe		Refer	to 13-88	
USE FORM IN ACCORDANCE WITH							
<ul><li></li></ul>	p://www.cdss.	.ca.gov/letter	snotices/Er	ntRes/getinfo/acl/2013	8/13-88.p	df	
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

 $http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377\_2A.pdf$ 

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.