NOTICE OF FORM CHANGE NO. 13-144			DATE
			12-11-2013
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	FROM: Forms Man	agement Unit
Listed below is information re	garding a form change. Or	nly applicable information is show	n.
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 428 (11/13) English It's Your Money Claim It	n and Spanish & Save It File For Your 2013 Ear	ned Income Tax Credit
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ⊠ No
☐ New ☐ Revised	DATE OF FORM 11/13	REPLACES 11/12	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		<u>'</u>
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		⊠ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy	
USE NEW FORM When supply available in DSS Warehouse		oxtimes Use new form effective	Refer to I-73-13
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
○ Other (specify) htt │	p://www.cdss.ca.gov/letter	snotices/EntRes/getinfo/acin/201	3/I-73_13.pdf
ADDITIONAL INFORMATION REGARDING FOR	PM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB428.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.