NOTICE OF FORM CHANGE NO. 14-061				DATE
				6/6/2014
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Manageme	ent Unit
Listed below is information re	garding a form change. O	nly applica	able information is shown.	
This notice updates your Cal	lifornia Department of Soc	ial Service	s (CDSS) County Forms Catal	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE NA 290 (2/14) Notice of Action - Multi-purpose				
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold			☐ Yes ☒ No
☐ New X Revised	DATE OF FORM 2/14	REPLACES 4/13		Obsolete
REQUIRED FORM- REQUIRED FORM-				
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:		
Department of Social Services Warehouse		X INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:	
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY				
☐ Use until exhausted ☐ Destroy				
USE NEW FORM When supply available in DSS Warehouse X Use new form effective immediately				
USE FORM IN ACCORDANCE WITH				
X All County Letter No. ACL 14-37				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
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http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA290.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.