NOTICE OF FORM CHA			DATE		
					6/27/2014
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma	ınagemer	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).					
FORM NUMBER, REVISION DATE AND TITLE PUB 463 (10/13) Education Travel Reimbursement					
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No
⊠ New ☐ Revised	DATE OF FORM 10/13	REPLACES	REPLACES		Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted With Prior D UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			iR:	ommende	d Form
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy					
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective immediately					
All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE					
http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB463.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.