NOTICE OF FORM CHANGE NO. 14-063					DATE	
NOTICE OF FORM OF I	4NOL NO. 14-003				06/27/2014	
TO:  County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	es	FROM: Forms	s Managemer	<u> </u>		
Listed below is information regarding a form change. Only applicable information is shown.						
This notice updates your Cal	ifornia Department of S	Social Service	s (CDSS) County	Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 841 (3/14)					
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED I	PRICE	INITIAL SUPPLY SENT  Yes X No		
☐ New ☐ Revised	DATE OF FORM  3/14	REPLACES 4/13		Obsolete		
REQUIRED FORM- REQUIRED FORM-						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse			OTHER:			
P.O. Box 980788			☐ INTERNET:			
West Sacramento, CA 95798-0788			☐ INTRANET:			
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  3/14						
USE FORM IN ACCORDANCE WITH  All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FORM CHANGE						
http://www.cdss.ca.gov/cdssv	web/entres/forms/Englis	sh/NA841.PD	F			

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.