NOTICE OF FORM CHANGE NO. 14-064				DATE
				06/27/2014
To: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FROM: Forms N	Manageme	nt Unit	
Listed below is information regarding a form change. Only applicable information is shown.				
This notice updates your Ca	lifornia Department of Socia	al Services (CDSS) County F	orms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 1239 (5/13)			
ORDER UNIT	N -	ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	□ Free □ Sold			☐ Yes ☒ No
☐ New X Revised	DATE OF FORM 5/13	PEPLACES 9/12		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 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 5/13				
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF1239.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.