NOTICE OF FORM CHANGE NO. 14-073			DATE
	11.010		06/27/2014
TO:  County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	FROM: Forms Manageme	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 NA 817 (3/14)			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  Yes X No
☐ New ☐ Revised	DATE OF FORM 3/14	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 P.O. Box 980788		INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
SISPOSITION 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/cdssweb/entres/forms/English/NA817.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.