| NOTICE OF FORM CHANGE NO. 14-086   |                            |             |   | DATE                |
|--|----------------------------|-------------|---|---------------------|
|  |                            |             |   | 10/14/2014          |
| District Attorney  |                            | ;           | FROM:<br>Forms Manageme                   | nt Unit             |
| Listed below is information re   | garding a form change. O   | nly applica | able information is shown.                |                     |
| This notice updates your Cal   |                            |             | es (CDSS) County Forms Catalo             |                     |
| ORDER UNIT   |                            | ESTIMATED   | PRICE                                     | INITIAL SUPPLY SENT |
|  | □ Free  Sold  DATE OF FORM | REPLACES    |   | ☐ Yes ☒ No          |
| □ New ⊠ Revised 9/14   |                            | 4/12        |   | Obsolete            |
| REQUIRED FORM- REQUIRED FORM-  No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form                         |                            |             |   |                     |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788  West Sacramento, CA 95798-0788 |                            | _ INTF      | ERNET:<br>RANET:                          |                     |
| DISPOSITION OF OLD SUPPLY  | FORMS DISPOSITION          | ON AND S    | SPECIAL INSTRUCTIONS                      |                     |
| Use until exhausted  |                            | ☐ Des       | stroy                                     |                     |
| USE NEW FORM  ☐ When supply available in DSS Warehouse  ☐ Use new form effective  Refer to ACL 14-76                                     |                            |             |   |                     |
| USE FORM IN ACCORDANCE WITH  | 21 44 70                   |             |   |                     |
| <ul><li>☒ All County Letter No. AC</li><li>☐ Other (specify)</li></ul>   | JL 14-70                   |             |   |                     |
| ADDITIONAL INFORMATION REGARDING FOR   | RM CHANGE                  |             |   |                     |
|  |                            | liah/20041  | DCA ndf                                   |                     |
| nttp://www.cass.ca.gov/c   | dssweb/entres/forms/Engl   | IISN/SOC42  | 26A.pai                                   |                     |
| http://www.cdss.ca.gov/le  | ettersnotices/EntRes/getin | fo/acl/2014 | 1/14-76.pdf                               |                     |
| Camera-ready copies are cur<br>http://www.dss.cahwnet.gov/<br>Form information on forms no   | cdssweb/FormsandPu_27      | '1.htm.     | et. Go to<br>act FMU at fmudss@dss.ca.gov | <i>/</i> .          |

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.