

**NOTICE OF FORM CHANGE NO. 15-131**

DATE

06/03/2015

**TO:**

County Welfare Director  
 Supply Clerk / Forms Coordinator  
 Community Care Licensing District Offices  
 District Attorney  
 Private and Public Adoption Agencies  
 Other

**FROM:**

Forms Management 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                                     |  |  |  | SAWS 2A SAR (4/15) - Rights and Responsibilities And Other Important Information For The Cash Aid And CalFresh Programs, And/Or Medi-Cal/34-County Medical Services Program |  |   |  |
| ORDER UNIT   |  | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold |  | ESTIMATED PRICE   |  | INITIAL SUPPLY SENT   |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised |  | DATE OF FORM<br>4/15   |  | REPLACES<br>4/13  |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| REQUIRED FORM-   |  |  |  | REQUIRED FORM-  |  |   |  |
| <input type="checkbox"/> No Change Permitted                             |  |  |  | <input type="checkbox"/> Substitute Permitted With Prior DSS Approval   |  |   |  |
|  |  |  |  | <input type="checkbox"/> Recommended Form   |  |   |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:                          |  |  |  | <input type="checkbox"/> OTHER:   |  |   |  |
| <b>Department of Social Services Warehouse</b>                           |  |  |  | <input checked="" type="checkbox"/> INTERNET:   |  |   |  |
| <b>P.O. Box 980788</b>   |  |  |  | <input type="checkbox"/> INTRANET:  |  |   |  |
| <b>West Sacramento, CA 95798-0788</b>                                    |  |  |  |   |  |   |  |

**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 effectiveRefer to ACL

## USE FORM IN ACCORDANCE WITH

 All County Letter No. 15-28 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SAWS2ASAR.pdf>

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2015/15-28.pdf>