

NOTICE OF FORM CHANGE NO. 16-129

DATE

12/7/2016

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			
NA 1278 (11/16) Notice Of Action - Approve Approved Relative Caregiver (ARC) Payment NA 1279 (11/16) Notice Of Action - Deny Approved Relative Caregiver (ARC) Payment			
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 11/16	REPLACES 5/16	<input type="checkbox"/> Obsolete
REQUIRED FORM-		REQUIRED FORM-	
<input checked="" 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:	
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input checked="" type="checkbox"/> INTERNET:	
		<input type="checkbox"/> INTRANET:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY	
<input type="checkbox"/> Use until exhausted	<input checked="" type="checkbox"/> Destroy
USE NEW FORM	
<input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>Immediately</u>
USE FORM IN ACCORDANCE WITH	
<input type="checkbox"/> All County Letter No.	
<input type="checkbox"/> Other (specify)	

ADDITIONAL INFORMATION REGARDING FORM CHANGE

NA 1278 (11/16) Notice Of Action - Approve Approved Relative Caregiver (ARC) Payment

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1278.pdf>

NA 1279 (11/16) Notice Of Action - Deny Approved Relative Caregiver (ARC) Payment

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA1279.pdf>

Check on the Internet to see if forms are available at www.dss.cahwnet.gov.

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907. Contact Language Services for other languages at (916) 445-6778.