NOTICE OF FORM CHANGE NO. 16-131					DATE	
					12/7/2016	
District Attorney		es	FROM: Form:	s Manageme	nt Unit	
Listed below is information re	egarding a form change.	Only applica	ble information is	shown.		
This notice updates your Ca	lifornia Department of Se	ocial Service	s (CDSS) County	Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	NA 1281 (11/16) Notic	ce Of Action	- Change Approv	red Relative Ca	aregiver (ARC) Payment	
ORDER UNIT		ESTIMATED I	ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free				☐ Yes X No	
⊠ New ☐ Revised	DATE OF FORM 11/16	REPLACES	REPLACES		Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitted	Mith Drian D	SS Approval	Recommende	d Form	
UNLESS OTHERWISE SPECIFIED STO		OTH	• • • • • • • • • • • • • • • • • • • •	Recommende	u Foiiii	
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			⊠ INTERNET:			
		☐ INTR	☐ INTRANET:			
	FORMS DISPOSI	TION AND S	PECIAL INSTRU	JCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Des	stroy			
USE NEW FORM When supply available in	n DSS Warehouse 🛛 U	Jse new form	effective	imme	diately	
JSE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO						
NA 1281 (11/16) Notice Of A	ction - Change Approve	d Relative Ca	aregiver (ARC) P	ayment		
http://www.cdss.ca.gov/cdss	web/entree/forms/Englis	h/NIA1281 pa	lf			
intp://www.cu55.ca.gov/cu55	web/enites/1011115/Englis	<u> </u>	<u>u</u>			

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.