NOTICE OF FORM CHANGE NO. 16-135					DATE
					12/12/2016
TO:  County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FROM: For	ms Manageme	nt Unit		
Listed below is information re	garding a form change. Or	nly applica	able information	n is shown.	
This notice updates your Cal	ifornia Department of Soci	al Service	es (CDSS) Cou	nty Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 791 (11/16) - Noti	ce Of Ac	ction - Approv	al/Denial/Chan	ge
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  Yes X No
☐ New X Revised	DATE OF FORM 11/16	REPLACES 10/12			Obsolete
REQUIRED FORM-  REQUIRED FORM-  NO Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form					
No Change Permitted					u Foiiii
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTI	✓ INTERNET:  ☐ 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  Immediatly					
USE FORM IN ACCORDANCE WITH  All County Letter No. AC	CL 16-29				
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
ACL 16-29 http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-29.pdf					
NA 791 (11/16) - Notice Of Action - Approval/Denial/Change http://www.cdss.ca.gov/cdssweb/entres/forms/English/NA791.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.