

DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814

**April 4, 2001****ALL-COUNTY INFORMATION NOTICE NO. I-23-01****TO: ALL COUNTY WELFARE DIRECTORS****REASON FOR THIS TRANSMITTAL**

- State Law Change
- Federal Law or Regulation Change
- Court Order
- Clarification Requested by One or More Counties
- Initiated by CDSS

SUBJECT: FORMS AND PUBLICATIONS IN ACCESSIBLE FORMATS

The purpose of this All-County Information Notice is to notify your office of our ability to provide "accessible formats" for California Department of Social Services (CDSS) forms and publications. Accessible formats include camera ready large print, Braille, audiocassette, and floppy diskette. These formats are most frequently used by persons who are blind, visually impaired, or who have learning disabilities.

Under the Americans with Disabilities Act (ADA), State and local governments have a responsibility to make communications, both oral and written, accessible to employees, and the general public, including individuals with disabilities. As a local government agency, county welfare departments (CWDs) are required to be in compliance with these ADA requirements. To assist CWDs meet these requirements we are prepared to supply your office with CDSS forms or publications in accessible formats.

If you would like to request a CDSS state-issued form or publication in an accessible format, please contact CDSS, Forms Management, at (916) 657-1893, or by e-mail at fmudss@dss.ca.gov. Attached is a GEN 1244 Camera-Ready Copy Request form that will be needed to submit the request.

We are taking this action in response to the growing number of Californians who are blind, visually impaired, or who have learning disabilities. We look forward to working with you and your staff to provide the best possible service.

Sincerely,

Original Document Signed By

TOM LEE, Chief
Office of Services to the Blind

Attachment

CAMERA READY COPY REQUEST

REQUESTOR	COUNTY	TELEPHONE ()
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MAILING ADDRESS

ALTERNATIVE METHOD

Large print
 Audio cassette
 Computer disk
 Braille
 Other _____

FORM NUMBER	ENG. (✓)	SP. (✓)	REVISION DATE	FORM NUMBER	ENG. (✓)	SP. (✓)	REVISION DATE
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REQUEST TAKEN BY			DATE	REQUEST FILLED BY			DATE

GEN 1244 (9/00)

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