NOTICE OF FORM CHA	DATE		
NOTICE OF FORM CHANGE NO. 08-053			4/11/2008
			4/11/2000
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	FROM: Forms Mai (916) 657-	nagement Unit 1907
Listed below is information re	garding a form change. On	ly applicable information is show	n.
This notice updates your Cal	ifornia Department of Socia	al Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 421 (4/08) Helping Your Child Rece	ive Supplemental Security Incon	ne (SSI) for Youth with Disabilities
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
New □ Revised	DATE OF FORM 4/08	REPLACES	Obsolete
REQUIRED FORM-	REQUIRED FORM-		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		OTHER:	
		⊠ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective	immediate
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
http://www.dss.cahwnet.gov/d	cdssweb/entres/forms/Fnal	ish/PUB421.pdf	

ntip://www.ass.canwnet.gov/cassweb/entres/forms/English/POB421.pa

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.