NOTICE OF FORM CHANGE NO. 08-090					DATE 07-10-2008
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 (916) 657-1907		
Listed below is information re	garding a form change.	Only applica	ble information is show	vn.	
This notice updates your Cal	lifornia Department of So	ocial Service	s (CDSS) County Forn	ns Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 1242 (6/08) Notice of Action - San	nctions Budge	ət		
					INITIAL SUPPLY SENT
MASTER ONLY	Free Sold				🗌 Yes 🛛 No
New Revised	DATE OF FORM 6/08	REPLACES	REPLACES		Obsolete
REQUIRED FORM-	REQUIRED FORM-	1		I	
No Change Permitted	🛛 Substitute Perm	nitted With Pr	ior DSS Approval	🗌 Rec	ommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			ER: ERNET:		
	FORMS DISPOSI	TION AND S	PECIAL INSTRUCTIO	ONS	
DISPOSITION OF OLD SUPPLY			stroy		
EE NEW FORM		⊠ Us	⊠ Use new form effective		
USE FORM IN ACCORDANCE WITH					
\boxtimes Other (specify) I-4	9-08				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/NA1242.pdf

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.