NOTICE OF FORM CHANGE NO. 08-092				DATE 07-10-2008
District Attorney		FROM: Forms Ma (916) 657		nt Unit
Listed below is information re	egarding a form change. O	nly applicable information is sho	wn.	
This notice updates your Ca	llifornia Department of Soc	ial Services (CDSS) County For	ms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 69 (7/08) 2008/2009 County Form	ns Catalog		
ORDER UNIT MASTER ONLY		ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	DATE OF FORM 7/08	REPLACES 1/04		☐ Obsolete
REQUIRED FORM- ☐ No Change Permitted	REQUIRED FORM- Substitute Permitt	ed With Prior DSS Approval	⊠ Red	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:		
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy		
USE NEW FORM When supply available in DSS Warehouse		$oxed{\boxtimes}$ Use new form effective	7/08	
USE FORM IN ACCORDANCE WITH	48-08			
additional information regarding for http://www.dss.cahwnet.gov		glish/PUB69.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 by e-mail at fmudss@dss.ca.gov.