NOTICE OF FORM CHANGE NO. 08-125					DATE	
					10/27/2008	
					10/21/2008	
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. Or	nly applica	ble information is shov	vn.		
This notice updates your Cal	lifornia Department of Soci	al Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PUB 420 (10/08) - Suppl Foster Youth	lemental S	Security Income (SSI) I	nformatio	n for Transitioning	
ORDER UNIT MASTER ONLY □ Sold		ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No	
☐ New ☐ Revised	DATE OF FORM 10/08	REPLACES 4/08			Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte		<u> </u>	Rec	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 S	PECIAL INSTRUCTION	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	stroy			
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective immed		immedi	ate	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		lish/PUB4	20.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.