NOTICE OF EODM CHANCE NO. 09 427					
NOTICE OF FORM CHANGE NO. 08-127					DATE 10/27/2009
					10/27/2008
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 show	vn.	
This notice updates your Ca	lifornia Department of Soci	ial Service	s (CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 422 (10/08) Supplemental Security I	ncome (SS	SI) for Foster Youth wi	th Disabili	ities
ORDER UNIT MASTER ONLY DATE OF FORM		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT
		DEDI AGEG			☐ Yes ☐ No
☐ New ☐ Revised	10/08	4/08	REPLACES 4/08		☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	I			
No Change Permitted No Change Permitted	Substitute Permitte	ed With Pr	ior DSS Approval	Red	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse		OTH	ER:		
		⊠ INTERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	ONS	
SPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	Destroy		
USE NEW FORM When supply available in DSS Warehouse		⊠Use	☐ Use new form effective imme		iate
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FO					
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Eng	lish/PUB4	22.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.