NOTICE OF FORM CHANGE NO. 09-020				DATE
				6/10/2009
TO: County Welfare Dir Supply Clerk / Forn Community Care Li District Attorney Private and Public of Other	ns Coordinator icensing District Offices	FROM: Forms Ma (916) 657-		nt Unit
Listed below is information re-	garding a form change. Or	nly applicable information is show	vn.	
This notice updates your Cal	ifornia Department of Socia	al Services (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 1261 (6/09) Overpayment AFDC-Fos	ster Care Benefits		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No
New ☐ Revised	DATE OF FORM 6/09	REPLACES		Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended 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 AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy		
USE NEW FORM When supply available in DSS Warehouse		⊠ Use new form effective	6/09	
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR				
http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/NA1261.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.