NOTICE OF FORM CHANGE NO. 09-031				DATE
				9/21/2009
County Welfare Director Supply Clerk / Forms Coordina Community Care Licensing Dis District Attorney Private and Public Adoption Ag Other	trict Offices	FROM: Forms Ma (916) 657-		Unit
Listed below is information regarding a form change. Only applicable information is shown.				
This notice updates your California Depar	tment of Social Services	s (CDSS) County Forn	ns Catalog	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE NA 1261 (9 Overpayme	0/09) ent AFDC-Foster Care E	Benefits		
ORDER UNIT MASTER ONLY Free	Sold	ESTIMATED PRICE		nitial supply sent ☐ Yes ⊠ No
☐ New ☐ Revised ☐ DATE OF FORM 9/09	REPLACES 6/09			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		ER: :RNET:		
West Sacramento, CA 95798-0788	INTF	☐ INTRANET:		
	DISPOSITION AND S	PECIAL INSTRUCTION	ONS	
Use until exhausted		Destroy		
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 9/09		
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.udop.orghymot.gov/odopywob/ontrop/formo/English/NA1261.ndf				
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.