NOTICE OF FORM CHANGE NO. 09-041		DATE
		10/30/2009
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manaç	gement Unit
Listed below is information regarding a form change. Or	nly applicable information is shown.	
This notice updates your California Department of Socia	al Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE NA 1261 (10/09) Overpayment AFDC-Fos	ster Care Benefits	
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY ☐ Free ☐ Sold		☐ Yes ⊠ No
□ New □ Revised □ 10/09	REPLACES 9/09	☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- □ Substitute Permitt	ed With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	☐ OTHER:	
Department of Social Services Warehouse	⊠ INTERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788	☐ INTRANET:	
FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIONS	 S
DISPOSITION OF OLD SUPPLY Use until exhausted	☐ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse	☐ Use new form effective	10/09
USE FORM IN ACCORDANCE WITH		
All County Letter No.		
☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.dss.cahwnet.gov/cdssweb/entres/forms/Eng	lish/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.