NOTICE OF FORM CHANGE NO. 09-062					DATE	
				12-07-2009		
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man (916) 657-1	•	nt Unit	
Listed below is information regarding a form change. Only applicable information is shown.						
This notice updates your Californi	a Department of Socia	al Service	es (CDSS) County Forms	s Catalo	g (PUB 69).	
GR 7A (8/09)  How to Fill Out YOur QR 7 Quarterly Eligibility/Status Report						
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT	
	Free				☐ Yes	
☐ New ☐ Revised 8/09	DF FORM	REPLACES 4/03			Obsolete	
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permitted With Prior DSS Approval  Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			IER:			
Department of Social Services Warehouse P.O. Box 980788			☑ INTERNET:			
West Sacramento, CA 95798-0788			RANET:			
	FORMS DISPOSITIO	N AND S	SPECIAL INSTRUCTION	NS		
Use until exhausted			stroy			
USE NEW FORM  When supply available in DSS Warehouse			se new form effective	date c	of ACIN	
USE FORM IN ACCORDANCE WITH  All County Letter No.						
☐ Other (specify) I-64-09						
ADDITIONAL INFORMATION REGARDING FORM CHAI	NGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/QR7A.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 fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.