NOTICE OF FORM CHANGE NO. 12-039			DATE
			4/10/2012
TO: County Welfare Dire Supply Clerk / Form Community Care Lic District Attorney Private and Public A Other	s Coordinator censing District Office		agement Unit
Listed below is information reg	arding a form change.	Only applicable information is show	n.
This notice updates your Calif	ornia Department of So	ocial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	DPA 19 (12/10) Autho	orized Representative	
	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
	12/10	REPLACES 4/07	☐ Obsolete
REQUIRED FORM- No Change Permitted UNLESS OTHERWISE SPECIFIED STOCK	C MAINTAINED AT:	itted With Prior DSS Approval	☐ Recommended Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			
	FORMS DISPOSIT	TION AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy	
JSE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective	immediately
USE FORM IN ACCORDANCE WITH All County Letter No.			
Other (specify)			

Camera-ready copies are currently available on the CDSS Internet. Go to http://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.