NOTICE OF FORM CHANGE NO. 12-086			DATE
District Attorney			nagement Unit
Listed below is information re	egarding a form change. O	nly applicable information is show	/n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEIVIF SAK T(TU/TZ)	ments For Cash Aid And CalFres	h
	Free Sold	ESTIMATED PRICE	
MASTER ONLY	Free Sold	REPLACES	
igtimes New $igcap$ Revised	10/12	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted	Substitute Permit	ted With Prior DSS Approval	$oxedsymbol{igsim}$ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			
Department of Social Services Warehouse P.O. Box 980788		INTERNET:	
West Sacramento, CA 95798-0788			
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		Destroy	
ISE NEW FORM		$oxed{\boxtimes}$ Use new form effective	Refer to ACI 12-59
USE FORM IN ACCORDANCE WITH All County Letter No. ht Other (specify)	tp://www.cdss.ca.gov/lette	rsnotices/entres/getinfo/acl/2012/	12-59.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	TEMPSAR1.pdf	

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.