NOTICE OF FORM CHANGE NO. 12-092			DATE
District Attorney		FROM: Form	s Management Unit
Listed below is information re	egarding a form change. Or	nly applicable information i	s shown.
This notice updates your Ca	lifornia Department of Soci	al Services (CDSS) Count	y Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 1239 SAR (10/12) N Semi-Annual Reporting	otice Of Action Continuation	n Page
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	
New Revised	DATE OF FORM	REPLACES	└ Yes ⊠ No
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted	Substitute Permit	ted With Prior DSS Approv	al Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		INTERNET:	
West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTR	JCTIONS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		⊠ Use new form effe	ctive Refer to ACL 12-59
USE FORM IN ACCORDANCE WITH All County Letter No. ht Other (specify)	tp://www.cdss.ca.gov/letter	snotices/entres/getinfo/ac	/2012/12-59.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/f	NA1239SAR.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.