NOTICE OF FORM CHANGE NO. 12-101				DATE	
				12-24-2012	
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	FROM: Forms	Managemer	nt Unit	
Listed below is information re	garding a form change. Or	ly applicable information is	shown.		
This notice updates your Ca	ifornia Department of Soci	al Services (CDSS) County	Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PUB 428 (11/12) English It's Your Money Claim It	-			
		ESTIMATED PRICE			
EACH	Free Sold			□ Yes	
\Box New \Box Revised	DATE OF FORM 11/12	REPLACES 11/11		Obsolete	
REQUIRED FORM-	REQUIRED FORM-	ed With Prior DSS Approva	I 🛛 🖂 Re	commended Form	
UNLESS OTHERWISE SPECIFIED STO		OTHER:			
Department of Social Services Warehouse					
P.O. Box 980788					
West Sacramento, CA 9579	8-0788				
	FORMS DISPOSITIO	ON AND SPECIAL INSTRU	CTIONS		
DISPOSITION OF OLD SUPPLY		Destroy			
USE NEW FORM	DSS Warehouse	oxtimes Use new form effect	ive <u>Refer</u>	to I-63-12	
All County Letter No.					
\boxtimes Other (specify) htt	p://www.cdss.ca.gov/letter	snotices/entres/getinfo/acin	/2012/I-63_12	.pdf	
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/F	PUB428.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.