NOTICE OF FORM CHANGE NO. 12-102			DATE
			12-24-2012
District Attorney		FROM: Forms Mana	agement Unit
Listed below is information re	egarding a form change. Or	nly applicable information is showr	1.
This notice updates your Ca	lifornia Department of Soci	al Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE PUB 429 (11/12) English and Spanish It's Your Money - Claim It and Save It - Flyer			
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
EACH	Free Sold		🗌 Yes 🛛 No
\Box New \Box Revised	DATE OF FORM 11/12	REPLACES 11/11	□ Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788		INTERNET:	
West Sacramento, CA 95798-0788		INTRANET:	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	IS
DISPOSITION OF OLD SUPPLY		□ Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	Refer to I-63-12
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify) http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2012/I-63_12.pdf			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/F	PUB429.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.