NOTICE OF FORM CHANGE NO. 13-005						DATE	
						01-03-2013	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Ma	inageme	nt Unit	
Listed below is information re	garding a form	n change. On	ly applica	ble information is sho	wn.		
This notice updates your Cal	lifornia Depart	ment of Socia	al Service	s (CDSS) County For	ms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE TEMP 2259 (12/12) Report Of Electronic Theft Of Cash Aid							
ORDER UNIT MASTER ONLY	⊠ Free	Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT	
New Revised	DATE OF FORM 12/12		REPLACES			Obsolete	
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval							
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			 □ OTHER: ☑ INTERNET: □ INTRANET: 				
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS							
DISPOSITION OF OLD SUPPLY				stroy			
USE NEW FORM				\boxtimes Use new form effective Refer		to County Letter	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)							
ADDITIONAL INFORMATION REGARDING FOR http://www.cdss.ca.gov/cdss/		ms/English/T	EMP2259	9.pdf			

County Letter:

http://www.cdss.ca.gov/lettersnotices/entres/getinfo/coletters/InterimInstructionsAB2035.EBTTheftMemo.Dec2012pdf.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.