NOTICE OF FORM CHANGE NO. 13-007			DATE
			01-04-2013
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Mar	nagement Unit
Listed below is information re	garding a form change. Or	nly applicable information is show	n.
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	NA 1250 (11/12) Notice NA 1253 (11/12) Notice	Of Action IHSS Approval Of Action IHSS Change	
ORDER UNIT	10.1.1200 (1.17.12) 1101100	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free □ Sold		☐ Yes ⊠ No
☐ New ☐ Revised	DATE OF FORM 11/12	REPLACES 5/09	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	1	
UNLESS OTHERWISE SPECIFIED STOO		OTHER:	
Department of Social Services Warehouse			
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy	
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective	Refer to 12-55E
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/letter	snotices/entres/getinfo/acl/2012/	12-55E.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/N	NA1250.pdf	
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/N	NA1253.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.