NOTICE OF FORM CHANGE NO. 15-110					DATE	
					05/13/2015	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms I	Managemer	nt Unit	
Listed below is information	regarding a form change.	Only applica	ble information is s	hown.		
This notice updates your C	alifornia Department of So	ocial Service	s (CDSS) County F	orms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITE	PUB 179 (5/15) - Ame	erican Sign L	anguage - Signs Fo	or Work Or W	/hat To Do Until The	
ORDER UNIT	•		ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No	
☐ New ☐ Revised	DATE OF FORM 5/15	REPLACES 3/08			Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
No Change Permitted			<u> </u>	ecommende	d Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			OTHER: NTERNET: NTRANET:			
	FORMS DISPOSIT			TIONS		
DISPOSITION OF OLD SUPPLY	FURING DISPUSI	HON AND 3	PECIAL INSTRUC	TIONS		
			stroy			
USE NEW FORM When supply available	in DSS Warehouse X U	Ise new form	effective	Immed	diately	
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING F	FORM CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub179.pdf