NOTICE OF FORM CHANGE NO. 15-143				DATE	
			<u> </u>	6/12/2015	
District Attorney		s	FROM: Forms Manag	ement Unit	
Listed below is information re	garding a form change. (	Only applica	able information is shown.		
This notice updates your Ca	lifornia Department of So	cial Service	es (CDSS) County Forms C	atalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	M40-195A (12/14) ICT	Reminder			
ORDER UNIT		ESTIMATED	PRICE	INITIAL SUPPLY SENT  ☐ Yes ☒ No	
☐ New X Revised	DATE OF FORM 12/1/14	REPLACES		Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitted V	Vith Prior D	SS Approval	ended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			IER:		
Department of Social Services Warehouse P.O. Box 980788			INTERNET:		
West Sacramento, CA 95798-0788			RANET:		
	FORMS DISPOSIT	ION AND S	SPECIAL INSTRUCTIONS		
Use until exhausted		☐ De	stroy		
USE NEW FORM  When supply available in	n DSS Warehouse 🔀 Us	se new forn	n effective F	Refer to ACL	
USE FORM IN ACCORDANCE WITH					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
http://www.cdss.ca.gov/cdss	web/NoticeofAc_2383.htr	n			
http://www.dss.cahwnet.gov/	lettersnotices/EntRes/get	tinfo/acl/201	15/15-17.pdf		
Camera-ready copies are cu http://www.dss.cahwnet.gov/ Form information on forms no	cdssweb/FormsandPu_2 ot listed in the catalog, yo	71.htm. ou may cont	act FMU at fmudss@dss.c	-	
Contact Language Services	ioi other languages at (91	10) 001-88 <i>1</i>	าง บา by e-mail at LTS@dss	o.ca.yuv.	