NOTICE OF FORM CHANGE NO. 15-182				DATE 08/07/2015
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	3	FROM: Forms Manag	<u> </u>
Listed below is information re	garding a form change. O	nly applica	able information is shown.	
This notice updates your Cal	ifornia Department of Soc	cial Service	es (CDSS) County Forms C	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	Messages listed in ACL	. 15-60		
PRDER UNIT		ESTIMATED	PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
☐ New X Revised	DATE OF FORM 1/15	REPLACES		Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitted W	/ith Prior D	SS Approval Pecomm	nended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	HER: ERNET: RANET:	
	FORMS DISPOSITI	ON AND S	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	stroy	
use NEW FORM ☐ When supply available in DSS Warehouse ⊠ Use n			n effective	Refer to ACL 15-60
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify) ADDITIONAL INFORMATION REGARDING FOR		rsnotices/l	EntRes/getinfo/acl/2015/15	-60.pdf
Replaces	web/PG168.htm#s lication For Social Service lication For Social Service	` .	,	
Replaces	oplication For Social Serv			
Camera-ready copies are cur http://www.dss.cahwnet.gov/ Form information on forms no	cdssweb/FormsandPu_27	71.htm.		ea.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.