NOTICE OF FORM CHANGE NO. 15-221			DATE
			09/28/2015
District Attorney			lanagement Unit
Listed below is information re	egarding a form change. O	nly applicable information is sh	own.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Fo	orms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CF 377.2A2 (2/14) - Clie	ent Survey	
ORDER UNIT	Kree Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
New 🛛 Revised	DATE OF FORM	REPLACES 10/13	Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted	Substitute Permitted W		commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788		INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCT	IONS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM	n DSS Warehouse 🛛 Use	e new form effective	Immediately
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377_2A2.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