NOTICE OF FORM CHANGE NO. 15-81		DATE
		03/12/2015
TO: County Welfare Director Supply Clerk / Forms Coordinate Community Care Licensing District Attorney Private and Public Adoption Age Other	ict Offices	agement Unit
Listed below is information regarding a form	change. Only applicable information is shown	
This notice updates your California Departm	nent of Social Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE WTW 45 (1/1	5) – Welfare To Work (WTW) 24-Month Time	Clock Extension Determination
	Sold ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
New ☐ Revised DATE OF FORM 1/15	REPLACES	Obsolete
REQUIRED FORM REQUIRED FORM No Change Permitted Substitute P		mended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		
FORMS [DISPOSITION AND SPECIAL INSTRUCTION	IS
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy		
USE NEW FORM When supply available in DSS Warehou	se X Use new form effective	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/	forms/English/WTW45.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.