NOTICE OF FORM CHANGE NO. 40 and						
NOTICE OF FORM CHANGE NO. 16-006					01/19/2016	
			FDOM:		01/19/2016	
County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public of	ns Coordinator icensing District Offices	3	FROM: Form	s Managemei	nt Unit	
Listed below is information re	garding a form change. O	nly applica	able information i	s shown.		
This notice updates your Cal	ifornia Department of Soc	cial Service	es (CDSS) Count	y Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	See below					
ORDER UNIT		ESTIMATED	PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No		
New Revised REQUIRED FORM- No Change Permitted	DATE OF FORM REQUIRED FORM- Substitute Permitted W	REPLACES	DSS Approval	☐ Obsolete		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			☐ OTHER: ☑ INTERNET: ☐ INTRANET:			
	FORMS DISPOSITI	ON AND	SPECIAL INSTR	UCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	stroy			
USE NEW FORM When supply available in	DSS Warehouse X Us	e new forr	n effective	Refer	to ACL	
USE FORM IN ACCORDANCE WITH	-01					
ADDITIONAL INFORMATION REGARDING FOR						
http://www.cdss.ca.gov/cdsswe TEMP 3002 (11/15) - Impor	b/entres/forms/English/TEMl tant Information for the In-Ho		rtive Services (IHS	S) Recipient		
http://www.cdss.ca.gov/cdsswe TEMP 3006 (1/15) - Recipie	b/entres/forms/English/TEMl ent/Provider Mailer Regardin		Implementation Ha	alt		
http://www.cdss.ca.gov/lettersno	tices/EntRes/getinfo/acl/2010	6/16-01.pdf				
Camera-ready copies are cur http://www.dss.cahwnet.gov/c Form information on forms no	cdssweb/FormsandPu_27	71.htm.		ss@dss.ca.gov	v.	
Contact Language Services f	or other languages at (91	6) 651-887	76 or by e-mail at	LTS@dss.ca.g	gov.	