NOTICE OF FORM CH			DATE		
NOTICE OF FORM CHANGE NO. 16-011					DATE 02/16/2016
			<u> </u>		02/10/2010
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: For	rms Managemer	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).					
FORM NUMBER, REVISION DATE AND TITLE SR 8 (5/15) Financial Audit Report Transmittal					
ORDER UNIT		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free				☐ Yes ☒ No
☐ New X Revised	DATE OF FORM 5/15	1/06			Obsolete
REQUIRED FORM-  REQUIRED FORM-  On the Change Description of Council to a With Drive DCC And provided Description of Descripti					
No Change Permitted					
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	ERNET: RANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY					
☐ Use until exhausted ☐ Destroy					
USE NEW FORM  ☐ When supply available in DSS Warehouse  ☐ Use new form effective  Immediately					
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/SR8.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.