NOTICE OF FORM CHANGE NO. 16-065				DATE	
				06/15/2016	
District Attorney			s Managemen	ıt Unit	
Listed below is information re	garding a form change. C	only applicable information is	shown.		
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) Count	/ Forms Catalog	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	WTW 18 (4/16) - Learn	ing Needs Screening			
ORDER UNIT MASTER ONLY	Kree Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT	
New X Revised	DATE OF FORM 4/16	REPLACES 12/15		Obsolete	
REQUIRED FORM-	REQUIRED FORM-		I		
No Change Permitted	Substitute Permitted W	/ith Prior DSS Approval	Recommended	d Form	
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 INSTRU	JCTIONS		
DISPOSITION OF OLD SUPPLY		Destroy			
USE NEW FORM	e new form effective	Immec	liately		
USE FORM IN ACCORDANCE WITH					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
A minor correction was ma	de.				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW18.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.