NOTICE OF FORM CHANGE NO. 16-068		DATE
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Of District Attorney Private and Public Adoption Agencies Other	ffices	06/20/2016 Management Unit
Listed below is information regarding a form chan	ge. Only applicable information is s	shown.
This notice updates your California Department o	of Social Services (CDSS) County F	Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE See below.		
ORDER UNIT MASTER ONLY Free Sold MASTER ONLY DATE OF FORM	ESTIMATED PRICE REPLACES	INITIAL SUPPLY SENT
REQUIRED FORM- No Change Permitted Substitute Permitted	ted With Prior DSS Approval	Recommended Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		
FORMS DISPO	DSITION AND SPECIAL INSTRUC	TIONS
Use until exhausted	Destroy	
USE NEW FORM	X Use new form effective	Refer to ACL
USE FORM IN ACCORDANCE WITH All County Letter No. 16-45 Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/lettersnotices/EntRes http://www.cdss.ca.gov/cdssweb/entres/form CW 2218 (3/16) Rights, Responsibilities And C Responsibility To Kids (CalWORKs) Program (1 http://www.cdss.ca.gov/cdssweb/entres/form CW 2219 (5/16) Application For California Wor Caretaker Relative With Relative Foster Child)	s/English/CW2218.pdf Other Important Information For Th Non-needy Caretaker Relative) s/English/CW2219.pdf	
Camera-ready copies are currently available on th http://www.dss.cahwnet.gov/cdssweb/FormsandF Form information on forms not listed in the catalog	Pu_271.htm.	@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.