| NOTICE OF FORM CHANGE NO. 16-107 | | | | DATE | |
|---|--------------------------------------|---------------|--|-------------------------|--|
| | | | | 10/11/2016 | |
| TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other | | es | FROM: Forms Manageme | ent Unit | |
| Listed below is information re | egarding a form change. | Only applica | able information is shown. | | |
| This notice updates your Ca | llifornia Department of S | ocial Service | es (CDSS) County Forms Catalo | og (PUB 69). | |
| FORM NUMBER, REVISION DATE AND TITLE | TEMP 2250 (7/16) TM44-315I (8/16) | | | | |
| ORDER UNIT | M Fran Cold | ESTIMATED | PRICE | INITIAL SUPPLY SENT | |
| MASTER ONLY | Free Sold | REPLACES | | ☐ Yes ☒ No | |
| ☐ New X Revised | See below | REFLACES | | Obsolete | |
| REQUIRED FORM- No Change Permitted | REQUIRED FORM- | With Prior D | SS Approval Recommende | ad Form | |
| ■ No Change Permitted ■ Substitute Permitted With Prior DSS Approval ■ Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER: | | | | | |
| Department of Social Services Warehouse | | | | | |
| P.O. Box 980788 | | | | | |
| West Sacramento, CA 95798-0788 | | | RANET: | | |
| | FORMS DISPOSI | TION AND S | SPECIAL INSTRUCTIONS | | |
| DISPOSITION OF OLD SUPPLY Use until exhausted Destroy | | | | | |
| use NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form ef | | | n effective Refe | r to ACL | |
| USE FORM IN ACCORDANCE WITH | 2.04 | | | | |
| | 5-64 | | | | |
| Other (specify) | | | | | |
| ADDITIONAL INFORMATION REGARDING FO | | | | | |
| http://www.cdss.ca.gov/lette California Work Opportunity (MAP) Levels | | | i-64.pdf RKs): 1.43 Percent Increase To | The Maximum Aid Payment | |
| http://www.cdss.ca.gov/cdss TEMP 2250 (7/16) - State La | _ | | 0.pdf (MAP) Levels For Cash Aid Re | cipients | |
| http://www.cdss.ca.gov/cdss TM44-315I (8/16) - Law Cha | | /TM44-315I.c | doc | | |