NOTICE OF FORM CHANGE NO. 16-120			DATE
			10/24/2016
District Attorney			Management Unit
Listed below is information re	egarding a form change. C	Only applicable information is	shown.
This notice updates your Ca	lifornia Department of So	cial Services (CDSS) County	Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	WTW 50 (6/16) Program	m Integrity Request For Regu	lation Interpretation
ORDER UNIT MASTER ONLY	K Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
X New 🗌 Revised	DATE OF FORM	REPLACES	Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted			Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		OTHER: INTERNET:	
	FORMS DISPOSIT	ION AND SPECIAL INSTRU	CTIONS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM	n DSS Warehouse 🛛 Us	se new form effective	immediately
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FO			
http://www.cdss.ca.gov/cdss WTW 50 (6/16) Program Inte	•	•	

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.