NOTICE OF FORM CHANGE NO. 16-123				
				10/31/2016
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		FROM: Forms Manage	ement Unit
Listed below is information re	garding a form change. Or	nly applica	able information is shown.	
This notice updates your Cal	ifornia Department of Socia	al Service	es (CDSS) County Forms C	atalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE ORDER UNIT	CW 2190B (5/16) - CalW		3-Month Time Limit Extende 3-Month Time Limit Extende	
MASTER ONLY	ΓER ONLY Sold DATE OF FORM REPLACES			☐ Yes ☒ No
☐ New ☐ Revised	Varies	REPLACES		Obsolete
■ No Change Permitted ■ Substitute Permitted Wit UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		□ OTH	SS Approval	ended Form
	FORMS DISPOSITION	N AND S	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		_ De	stroy	
use New FORM ☐ When supply available in DSS Warehouse ☐ Use new form			n effective R	Refer to ACL
USE FORM IN ACCORDANCE WITH All County Letter No. 16 Other (specify)	-76			
additional information regarding for http://www.cdss.ca.gov/letter		:1/2016/16	:-76.pdf	
http://www.cdss.ca.gov/cdss/ CW 2190A (4/16) - CalWOR				
http://www.cdss.ca.gov/cdss/ CW 2190B (5/16) - CalWOR				
Camera-ready copies are cur http://www.dss.cahwnet.gov/ Form information on forms no	cdssweb/FormsandPu_271	I.htm.		a.gov.
Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@des ca gov				