

**NOTICE OF FORM CHANGE NO. 05-123**

DATE

09/21/2005

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE    **TEMP 2220 (10/04) - Statistical Report On The Number Of Children Ages 5-17 In Families Receiving Cash Asst.**

|  |  |                 |  |
|--|--|-----------------|--|
| ORDER UNIT<br><b>MASTER ONLY</b>   | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold | ESTIMATED PRICE | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| <input checked="" type="checkbox"/> New <input type="checkbox"/> Revised | DATE OF FORM<br>10/04  | REPLACES        | <input type="checkbox"/> Obsolete  |

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse**  
**P.O. Box 980788**  
**West Sacramento, CA 95798-0788**

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective    10/04

USE FORM IN ACCORDANCE WITH

 All County Letter No. 04-52 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

