

**NOTICE OF FORM CHANGE NO. 11-122**

DATE

10-27-2011

**TO:**

County Welfare Director  
 Supply Clerk / Forms Coordinator  
 Community Care Licensing District Offices  
 District Attorney  
 Private and Public Adoption Agencies  
 Other

**FROM:**

Forms Management Unit

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

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE				TEMP CL 10 (8/11) English and Spanish Welfare-to-Work Teen Parent Notice Of Exemption							
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT							
MASTER ONLY		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised		DATE OF FORM 8/11		REPLACES		<input type="checkbox"/> <b>Obsolete</b>					
REQUIRED FORM-				REQUIRED FORM-							
<input type="checkbox"/> No Change Permitted				<input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval				<input type="checkbox"/> Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				<input type="checkbox"/> OTHER:							
<b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>				<input checked="" type="checkbox"/> INTERNET:							
				<input type="checkbox"/> INTRANET:							

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY		<input type="checkbox"/> Use until exhausted		<input type="checkbox"/> Destroy	
USE NEW FORM		<input type="checkbox"/> When supply available in DSS Warehouse		<input checked="" type="checkbox"/> Use new form effective    refer to ACL 11-60	
USE FORM IN ACCORDANCE WITH		<input checked="" type="checkbox"/> All County Letter No. <a href="http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-60.pdf">http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-60.pdf</a>			
		<input type="checkbox"/> Other (specify)			

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMPCL10.pdf>

<http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/TEMPCL10SP.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](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](mailto:fmudss@dss.ca.gov).

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