

**CALWORKS/FOOD STAMP WELFARE INTERCEPT SYSTEM (WIS) TRANSMITTAL**

**NOTE:** This transmittal must accompany all CalWORKs/FS Intercept Program magnetic tapes, cartridges, disks and input documents

TO: CALIFORNIA DEPARTMENT OF SOCIAL SERVICES ATTENTION: DATA PROCESSING 744 P STREET M.S. 19-13 SACRAMENTO, CA 95814			FOR STATE USE ONLY 37503/ _____ E _____ V _____	
COUNTY NAME	COUNTY NUMBER	CURRENT DATE	YEAR SUBMITTED	
SUBMITTED BY		PHONE NUMBER		

## I. DOCUMENTS (DPS 249) (Attach no more than 10 pages per 1722A)

NUMBER OF DOCUMENTS: \_\_\_\_\_

OR

## II. TAPE/CARTRIDGE

TAPE NUMBER \_\_\_\_\_ ( ) 1600 BPI

NUMBER OF RECORDS \_\_\_\_\_ ( ) 6250 BPI

( ) 3480 Cartridge

BLOCK SIZE \_\_\_\_\_

RECORD LENGTH \_\_\_\_\_

OR

## III. DISKETTES

\_\_\_\_\_ COMPACT DISK (CD)

\_\_\_\_\_ 3 1/2 IBM COMPATIBLE

FILENAME: \_\_\_\_\_ RECORD LENGTH: \_\_\_\_\_

NUMBER OF RECORDS: \_\_\_\_\_ NUMBER OF BYTES: \_\_\_\_\_