NOTICE OF FORM CHANGE NO. 13-113			DATE
			10-02-2013
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	FROM: Forms Ma	nagement Unit
Listed below is information re	garding a form change. Or	nly applicable information is sho	vn.
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	WTW 5 (9/13) Welfare-To-Work Progra	am Notice	
ORDER UNIT ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes
☐ New ☐ Revised	DATE OF FORM 9/13	REPLACES 5/99	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM-	tod With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		☐ OTHER. ☐ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	ONS
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destroy	
USE NEW FORM When supply available in DSS Warehouse		☑ Use new form effective	Refer to 13-72
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/letter	rsnotices/EntRes/getinfo/acl/201	3/13-72.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW5.pdf

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.

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