NOTICE OF FORM CHANGE NO. 13-117		DATE
		10-2-2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manageme	ent 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 Catal	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE WTW 39 (9/13) Assembly County Welfare Departme	y Bill (AB) 74 nt (CWD) Expanded Subsidized Emplo	oyment (ESE) Plan
	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY ☐ Free ☐ Sold		☐ Yes ☐ No
New ☐ Revised 9/13	REPLACES	☐ Obsolete
REQUIRED FORM-	d With Dries DCC Approval	accommon de d. Comm
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: □ OTHER:		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788	☐ INTERNET:	
West Sacramento, CA 95798-0788	☐ INTRANET:	
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 Refer to 13-81	
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. http://www.cdss.ca.gov/lettersn ☐ Other (specify)	notices/EntRes/getinfo/acl/2013/13-81.	odf
ADDITIONAL INFORMATION REGARDING FORM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW39.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.