NOTICE OF FORM CHANGE NO. 13-126					DATE
					10-03-2013
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			OM: Forms Mar	nagemer	nt Unit
Listed below is information re	garding a form change. O	only applicable in	nformation is show	/n.	
This notice updates your Cal	ifornia Department of Soc	cial Services (CD	OSS) County Form	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 2212 (9/13) The R Annual Reporting To Se			ave Char	nged
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold				☐ Yes
New □ Revised	DATE OF FORM 9/13	REPLACES			☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	tted With Prior D	SS Approval	□Re	commended Form
UNLESS OTHERWISE SPECIFIED STO	OTHER:				
Department of Social Service P.O. Box 980788		⊠ INTERNET:			
West Sacramento, CA 9579		☐ INTRANET:			
	FORMS DISPOSITI	ON AND SPEC	IAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy			
use NEW FORM ☐ When supply available in	⊠ Use nev	☐ Use new form effective Refe		to 13-80	
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/lette	ersnotices/EntRe	es/getinfo/acl/2013	3/13-80.pd	df
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW2212.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.