NOTICE OF FORM CHANGE NO. 13-148		DATE
		12-17-2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offic District Attorney Private and Public Adoption Agencies Other		nagement Unit
Listed below is information regarding a form change	. Only applicable information is show	'n.
This notice updates your California Department of S	Social Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE WTW 39 (12/13) As County Welfare Department	ssembly Bill (AB) 74 artment (CWD) Expanded Subsidized	d Employment (ESE) Plan
ORDER UNIT MASTER ONLY Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
☐ New ☐ Revised ☐ DATE OF FORM 12/13	REPLACES 9/13	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Per	mitted With Prior DSS Approval	□ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
	ITION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Use until exhausted	⊠ Destroy	
USE NEW FORM When supply available in DSS Warehouse	☐ Use new form effective	immediately
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE The only change to this form, Questions 1 through 1 http://www.cdss.ca.gov/cdssweb/entres/forms/Englis	•	aracters.

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.