NOTICE OF FORM CHANGE NO. 14-011					DATE
					01/22/2014
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		FROM: Forms Man	agemen	ıt Unit
Listed below is information re	garding a form change. Or	nly applica	able information is show	n.	
This notice updates your Cal	ifornia Department of Soci	al Service	es (CDSS) County Form	s Catalog	g (PUB 69).
TEMP 2250 (1/14) State Law Changes MAP Levels For Cash Aid Recipients TM44-315G (12/13) Law Change To MAP Levels					
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	DATE OF FORM 1/14	REPLACES (4/11) TEMP 2250 Form			☐ Obsolete
REQUIRED FORM- REQUIR					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTI	HER: ERNET: RANET:		
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTION	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ De	stroy		
USE NEW FORM When supply available in DSS Warehouse		\boxtimes Use new form effective Refe		Refer t	to ACL 14-05
use FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/letter	snotices/l	EntRes/getinfo/acl/2014/	/14-05.pc	df
ADDITIONAL INFORMATION REGARDING FOR http://www.cdss.ca.gov/letter		:1/2014/14	-05.pdf		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP2250.pdf					
The form TM44-315G (12/13) is a NEW form:				
http://www.cdss.ca.gov/cdssv	web/NoticeofAc_2383.htm				
Camera-ready copies are cur http://www.dss.cahwnet.gov/ Form information on forms no	cdssweb/FormsandPu_271	1.htm.		s.ca.gov	

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

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