NOTICE OF FORM CHANGE NO. 14-017					DATE	
					02-04-2014	
To: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other		FROM: Forms Man	agemei	nt Unit		
Listed below is information re	garding a form change. O	nly applicable	information is show	n.		
This notice updates your Cal	ifornia Department of Soc	cial Services (0	CDSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PLEASE SEE LIST BEL	LOW OF OBS	OLETE FORMS			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No	
☐ New ☐ Revised	DATE OF FORM	REPLACES	REPLACES		⊠ Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
				L Re	ecommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			☐ OTHER:			
Department of Social Services Warehouse		☐ INTERNET:				
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITI	ON AND SPE	CIAL INSTRUCTIO	NS		
□ Use until exhausted □ Destroy			у			
use NEW FORM ☐ When supply available in	☐ Use n	ew form effective				
USE FORM IN ACCORDANCE WITH All County Letter No.						
☐ Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
DFA 377.5 is replaced with C	F 377.5 CR (11/13) and 0	CF 377.5 SAR	(9/13)			
DFA 377.7D replaced with C	F 377.7D (1/14)					
DFA 377.7D1 replaced with 0	CF 377.7D1 (1/14)					
DFA 377.7D3 replaced with 0	OF 377.7D3 (1/14)					