NOTICE OF FORM CHANGE NO. 14-021						DATE	
						02-06-2014	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Mar	nageme	nt Unit	
Listed below is information re	garding a forn	n change. Or	nly applica	able information is show	/n.		
This notice updates your Cal	lifornia Depart	ment of Soci	al Service	es (CDSS) County Form	ns Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	WTW 40 (2) Assembly B	,	ounty We	Ifare Department Family	y Stabiliz	cation (FS) Plan	
ORDER UNIT ESTIMA				ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY ☐ Free ☐ Sold					☐ Yes ⊠ No		
New □ Revised	DATE OF FORM 2/14		REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FO						
☑ No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form							
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				OTHER:			
Department of Social Services Warehouse P.O. Box 980788				☑ INTERNET:			
West Sacramento, CA 95798-0788				☐ INTRANET:			
	FORMS	DISPOSITIO	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted			☐ De	stroy			
USE NEW FORM ☐ When supply available in DSS Warehouse				se new form effective Refer to ACL 14-12			
SE FORM IN ACCORDANCE WITH All County Letter No. htt	p://www.cdss.	.ca.gov/letter	snotices/E	EntRes/getinfo/acl/2014	l/14-12.p	df	
Other (specify)							
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW40.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.