NOTICE OF FORM CHANGE NO. 14-033			DATE
			03/17/2014
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			agement Unit
Listed below is information re	garding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 2200 (2/14) Request For Verification	1	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes
☐ New ☐ Revised	DATE OF FORM 2/14	REPLACES 3/09	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ted 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 DISPOSITION	ON AND SPECIAL INSTRUCTION	NS
Use until exhausted		⊠ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective Refer to ACL 14-26	
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify) ADDITIONAL INFORMATION REGARDING FOR		rsnotices/EntRes/getinfo/acl/2014	/14-26.pdf
http://www.adaa.aa.ga.yadaa		CM2200 = 45	

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW2200.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.