NOTICE OF FORM CHANGE NO. 14-041						DATE	
						4/23/2014	
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 form	change. Or	nly applica	able information is show	/n.		
This notice updates your Ca	lifornia Departr	nent of Soci	al Service	es (CDSS) County Form	ns Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CF 377.4 CF	R (1/14)					
		` '	nge For C	hange Reporting House	eholds		
ORDER UNIT			ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY ☐ Free ☐ Sold					☐ Yes ☐ No		
New □ Revised	1/14		REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FOR						
				d 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			☐ Destroy				
USE NEW FORM ☐ When supply available in DSS Warehouse			⊠ Us	☐ Use new form effective 1/14			
USE FORM IN ACCORDANCE WITH							
\square All County Letter No.							
Other (specify)							
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

 $http://www.cdss.ca.gov/cdssweb/entres/forms/English/CF377_4CR.pdf$

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.