NOTICE OF FORM CHANGE NO. 14-047			DATE
			5/8/2014
District Attorney		FROM: Forms Management Unit	
Listed below is information re	garding a form change. O	nly applicable information is show	/n.
This notice updates your Cal	lifornia Department of Soc	ial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 215 (4/14) Notificati	on Of Intercounty Transfer	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		🗌 Yes 🛛 No
\Box New \Box Revised	DATE OF FORM 4/14	REPLACES 12/05	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted		ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			
Department of Social Services Warehouse P.O. Box 980788		🖾 INTERNET:	
West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	immediately
All County Letter No. AC	CL 14-30		
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW215.PDF

ACL 14-30: http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-30.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.