NOTICE OF FORM CHANGE NO. 14-083					DATE
					10/13/2014
District Attorney		es	FROM	Forms Manage	ement Unit
Listed below is information re	egarding a form change.	Only applica	able inforr	nation is shown.	
This notice updates your Ca	lifornia Department of Se	ocial Service	es (CDSS)	County Forms Ca	atalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	FSP 1 (8/14) Family S	Stabilization	Program I	Evaluation Reque	est
ORDER UNIT MASTER ONLY	ATE OF FORM	REPLACES	ESTIMATED PRICE		INITIAL SUPPLY SENT
🗙 New 🗌 Revised	8/14				Obsolete
REQUIRED FORM-	REQUIRED FORM-	With Prior D	SS Appro	val 🗌 Recomme	ended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			 OTHER: INTERNET: http://www.cdss.ca.gov/cdssweb/PG165.htm INTRANET: 		
	FORMS DISPOSI	TION AND S	SPECIAL	INSTRUCTIONS	
Use until exhausted Destroy					
USE NEW FORM	n DSS Warehouse 🛛 U	Jse new form	n effective	<u>in</u>	nmediately
USE FORM IN ACCORDANCE WITH All County Letter No. ht Other (specify)	tp://www.cdss.ca.gov/let	tersnotices/E	EntRes/ge	etinfo/acl/2014/14-	61.pdf
ADDITIONAL INFORMATION REGARDING FC	RM CHANGE				
http://www.cdss.ca.gov/c		nfo/acl/2014/	/14-61.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.