NOTICE OF FORM CHANGE NO. 14-084					DATE	
					10/14/2014	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: For	ms Managemer	nt Unit	
Listed below is information re	garding a form change.	Only applica	able information	is shown.		
This notice updates your Ca	lifornia Department of So	ocial Service	es (CDSS) Cou	nty Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	FSP 2 Family Stabiliza	ation Progra	m Denial Notic	е		
ORDER UNIT	⊠ Free ☐ Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No	
⊠ New ☐ Revised	DATE OF FORM 8/14	REPLACES	REPLACES		Obsolete	
No Change Permitted	REQUIRED FORM-	With Prior D	SS Annroval	Recommende	d Form	
No Change Permitted						
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788						
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	stroy			
USE NEW FORM When supply available in	n DSS Warehouse 🛛 U	Jse new form	n effective	immed	diately	
USE FORM IN ACCORDANCE WITH All County Letter No. AC	CL 14-61					
Other (specify)						
http://www.cdss.ca.gov/co	dssweb/entres/forms/Eng					

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.