NOTICE OF FORM CHANGE NO. 14-101				DATE	
				10/23/2014	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Managem	ent Unit	
Listed below is information re	garding a form change. C	only applica	ble information is shown.		
This notice updates your Cal	lifornia Department of Soc	cial Service	s (CDSS) County Forms Cata	llog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	WTW 43 (9/14) Notice (	Of Your We	elfare-To-Work (WTW) 24-Mo	nth Time Clock Ending Soon	
ORDER UNIT	K Free Sold	ESTIMATED	PRICE	INITIAL SUPPLY SENT	
X New Revised	date of form 9/14	REPLACES		Obsolete	
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted	Substitute Permitted W	1		ded Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			<ul> <li>OTHER:</li> <li>INTERNET: http://www.cdss.ca.</li> <li>INTRANET:</li> </ul>		
	FORMS DISPOSITI	ON AND S	PECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY			stroy		
USE NEW FORM	DSS Warehouse	e new form	effective		
USE FORM IN ACCORDANCE WITH All County Letter No. 14	-65				
Other (specify)	-00				
ADDITIONAL INFORMATION REGARDING FOR					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW43.pdf

http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-65.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.