NOTICE OF FORM CHANGE NO. 14-105		DATE
		12/3/2014
TO:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other	FROM: Forms Manageme	nt Unit
Listed below is information regarding a form change. Only ap	plicable information is shown.	
This notice updates your California Department of Social Se	rvices (CDSS) County Forms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE M40-105 (11/14) - Failed to Provide SSN When Received or Failure to Cooperate		
ORDER UNIT    Karling   Free   Sold   Sold	MATED PRICE	INITIAL SUPPLY SENT  Yes X No
□ New ☐ Revised DATE OF FORM REPLATE 10/1		☐ Obsolete
REQUIRED FORM-  No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788	OTHER: INTERNET: INTRANET:	(A 1 CHIII
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS		
Use until exhausted  Destroy		
USE NEW FORM  When supply available in DSS Warehouse Use new form effective		
USE FORM IN ACCORDANCE WITH		
All County Letter No. 14-88		
Other (specify)  ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/NoticeofAc_2383.htm  http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-88.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.