NOTICE OF FORM CHANGE NO. 14-106			DATE
			12/03/2014
District Attorney			<i>I</i> anagement Unit
Listed below is information	regarding a form change.	Only applicable information is sl	nown.
This notice updates your C	alifornia Department of Sc	ocial Services (CDSS) County F	orms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITL	^E M40-105A (11/14) - Fa	ailed to provide SSN or proof of	completed SSN Application
ORDER UNIT	Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
New X Revised	DATE OF FORM 11/1/14	replaces 10/1/95	Obsolete
No Change Permitted		With Prior DSS Approval Re	ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788		INTRANET:	
	FORMS DISPOSI	TION AND SPECIAL INSTRUC	TIONS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM	in DSS Warehouse 🗌 U	se new form effective	
	4.00		
All County Letter No. 1	4-88		
Other (specify)			
ADDITIONAL INFORMATION REGARDING F	ORM CHANGE		
http://www.cdss.ca.gov/co	dssweb/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.