NOTICE OF FORM CHANGE NO. 14-110			DATE
			12/1/2014
District Attorney			anagement Unit
Listed below is information re	egarding a form change. C	Only applicable information is sho	own.
This notice updates your Cal	lifornia Department of So	cial Services (CDSS) County For	rms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE		ome Supportive Services Program N ng Workweek And/Or Travel Time Lin	otice To Provider Of Fourth Violation And mits
ORDER UNIT	K Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
🗙 New 🗌 Revised	DATE OF FORM	REPLACES	Obsolete
REQUIRED FORM-	REQUIRED FORM-		'
No Change Permitted			commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		OTHER: INTERNET:	
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCT	IONS
DISPOSITION OF OLD SUPPLY		Destroy	
JSE NEW FORM	n DSS Warehouse 🗌 Us	se new form effective	
	70		
All County Letter No. 14	-/0		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2259.pdf

http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-76.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.