NOTICE OF FORM CHANGE NO. 14-111		DATE	
NOTICE OF FORM CHANGE NO. 14-111		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 Managemen	nt Unit	
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).			
FORM NUMBER, REVISION DATE AND TITLE M40-105C (11/14) - Notice Of Action - Immunizations			
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT Yes X No	
	7/7/13	Obsolete	
REQUIRED FORM- 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:		
West Sacramento, CA 95798-0788	☐ INTRANET:		
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			
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.