NOTICE OF FORM CHANGE NO. 14-114		DATE
1101102 01 1 01 01		12/03/2014
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Managemen	t 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 M40-129D5 (11/14) - Failed to Provide Proof of SSN Application, Deny		
⊠ Free ☐ Sold		INITIAL SUPPLY SENT  Yes XNo
□ New ☐ Revised Date of Form Replace 10/1/9		Obsolete
REQUIRED FORM- REQUIRED FORM-		
Department of Social Services Warehouse NO. Box 980788	THER: TERNET: TRANET:	
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.