NOTICE OF FORM CHANGE NO. 14-132				DATE	
NOTICE OF FORM CITA	4NGL NO. 14-132			12/12/2014	
				12/12/2014	
To: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offic	ees	FROM: Forms Mana	agement Unit	
Listed below is information re	garding a form change.	. Only applicab	le information is showr	1.	
This notice updates your Cal	ifornia Department of S	Social Services	(CDSS) County Forms	Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 2270 (10/14) - In Complete Workweek		ortive Services Progran	n Notice To Recipient Failure To	
ORDER UNIT	⊠ Free Sold	ESTIMATED PR	RICE	INITIAL SUPPLY SENT	
	Free Sold	REPLACES		☐ Yes ☒ No	
New □ Revised	10/14	KEI EAGEG		Obsolete	
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted	Substitute Permitted			mended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			☐ OTHER: ☑ INTERNET: ☐ INTRANET:		
	FORMS DISPOSI	ITION AND SE	PECIAL INSTRUCTION	 IS	
DISPOSITION OF OLD SUPPLY					
Use until exhausted	Dest	roy			
USE NEW FORM When supply available in	DSS Warehouse 🔲 l	Use new form	effective		
USE FORM IN ACCORDANCE WITH All County Letter No. 14	-76				
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cds	_				

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.