NOTICE OF FORM CHANGE NO. 14-043		DATE
		4/17/2014
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change.	Only applicable information is show	n.
This notice updates your California Department of Se	ocial Services (CDSS) County Form	s Catalog (PUB 69).
ORDER UNIT	h Recipients -Work Incentive Nutritio	INITIAL SUPPLY SENT
MASTER ONLY Free Sold		☐ Yes ☐ No
☐ New ☐ Revised A/14	REPLACES 3/14	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Perm UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788	mitted With Prior DSS Approval OTHER: INTERNET:	Recommended Form
West Sacramento, CA 95798-0788	☐ INTRANET:	
	TION AND SPECIAL INSTRUCTIO	NS
Use until exhausted	□ Destroy	
USE NEW FORM When supply available in DSS Warehouse	□ Use new form effective	4/1/2014
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE	h MINICA adf	

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WINS1.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.