# NOTICE OF FORM CHANGE NO. 15-150

DATE
06/22/2015

**TO:**
County Welfare Director
Supply Clerk / Forms Coordinator
Community Care Licensing District Offices
District Attorney
Private and Public Adoption Agencies
Other

**FROM:**
Forms Management 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: SAWS 2 (4/13) - Statement Of Facts For Cash Aid, CalFresh, And Medi-Cal/34-County Medical Services Program (CMSP)

| ORDER UNIT | ☐ Free ☐ Sold | ESTIMATED PRICE | INITIAL SUPPLY SENT ☐ Yes ☐ No |
|---|---|---|---|
| ☐ New ☐ Revised | DATE OF FORM | REPLACES | ☒ **Obsolete** |

REQUIRED FORM- ☐ No Change Permitted
REQUIRED FORM- ☐ Substitute Permitted With Prior DSS Approval
☐ Recommended 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 DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY
☐ Use until exhausted ☐ Destroy

USE NEW FORM
☐ When supply available in DSS Warehouse ☒ Use new form effective immediately

USE FORM IN ACCORDANCE WITH
☐ All County Letter No.
☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is now obsolete.

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.