

**NOTICE OF FORM CHANGE NO. 03-044**

DATE

4/11/03

<b>TO:</b> County Welfare Director Supply Clerk / Forms Coordinator	<b>FROM:</b> Forms Management Unit (916) 657-1907
<input type="checkbox"/> Community Care Licensing District Offices	<input type="checkbox"/> District Attorney
<input type="checkbox"/> Private and Public Adoption Agencies	<input type="checkbox"/> Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

## FORM NUMBER AND TITLE

GEN 727B (6/99) County Forms Order

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 6/99	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<input type="checkbox"/> OTHER:	

**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 when printed stock of 6/99 revision is exhausted.

## USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify) All County Information Notice No. I-93-02

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached are a Reproducible Copies

The GEN 727B will now be a Master Only form. This form is also available on the Internet as a fillable pdf form at:

<http://www.dss.cahwnet.gov/pdf/GEN727b.pdf>

The completed pdf form can be submitted electronically to the CDSS warehouse by clicking the "Submit" button at the top of the form.

Check on the Internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov).

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov). Contact Language Services for other languages at (916) 445-6778 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

**COUNTY FORMS ORDER**

*(Instructions on Reverse)*

**TO:** CDSS Warehouse, P.O. Box 980788, West Sacramento, CA 95798-0788

**FOR:**

COUNTY CODE	PERSON TO CONTACT	DATE	ADDRESS	STREET ADDRESS AND ROOM NUMBER
TELEPHONE NUMBER ( )	AUTHORIZING SIGNATURE		CITY STATE ZIP	CITY STATE ZIP

<b>BILL TO:</b>	<b>SHIP TO:</b>
AGENCY	AGENCY, OFFICE OR SECTION
ADDRESS	STREET ADDRESS AND ROOM NUMBER
CITY STATE ZIP	CITY STATE ZIP

LINE	FORM CATALOG NUMBER			TITLE OR CATALOG DESCRIPTION	QUANTITY WANTED	UNIT OF ISSUE	PRICE PER UNIT OF ISSUE	PRICE PER FORM ORDER	PROCESS CODE (Over)	TYPE OF ORDER	
	PREFIX	NUMBER	SUFFIX							<input type="checkbox"/> REGULAR	<input type="checkbox"/> EMERGENCY
1											DATE RECEIVED
2											FILLED BY: DATE:
3											PACKED BY: DATE:
4											PRICES WEIGHT:
5											VIA B/L
6											DATE: BY:
7											REMARKS
8											
9											
10											
11											

<b>TOTAL ORDER: \$</b>	<b>ADJUSTED ORDER: \$</b>
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### INSTRUCTIONS

1. Use this order for forms listed in the county forms catalog.
2. Print clearly or type in duplicate.
3. Complete all spaces except shaded areas.
4. List forms in forms catalog sequence.
5. **FREE/SOLD** forms and numbered publication can be on the same order.
6. Make separate line entries (white area) for each form ordered.
7. Route original to the Social Services Warehouse. Retain one for a suspense copy.
  - A. Original, warehouse file.
  - B. Suspense Copy.

### PROCESS CODE LEGEND

Action taken by the warehouse will be found in the process code column on the front of this order. The following codes explain the action taken on your order.

- A—Cancelled, an all office shipment pending.
- B—Back ordered, will be shipped when available.
- C—Cancelled, item not furnished.
- D—Cannot identify, check forms catalog for form number, or send sample.
- G—Quantity reduced, amount requested appears excessive, please reanalyze usage of this item.
- I—Quantity changed due to packaging.
- K—Quantity reduced; Stock low—reorder when needed.
- L—Form Obsolete.
- R— \_\_\_\_\_

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### SAMPLE ENTRY

PREFIX	NUMBER	SUFFIX	TITLE OR CATALOG DESCRIPTION	QUANTITY OF ISSUE	UNIT OF ISSUE
ABCD	239	A	NOTICE OF PROPOSED ACTION	10	
DFA	285.1	SPAN	INCOME FROM FARM OPER. AND OTHER SELF-EMPL.	5	