

NOTICE OF FORM CHANGE NO.

DATE

TO:County Welfare Director
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies 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

ORDER UNIT	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	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 type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<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 _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

CLIENT TRACKING

TO:

FROM:

DATE:	CASE NUMBER:	TYPE OF AID:	
CLIENT'S NAME:		<input type="checkbox"/> 1) RCA	<input type="checkbox"/> 4) SSI/SSP
ALIEN NUMBER:		<input type="checkbox"/> 2) CalWORKs	<input type="checkbox"/> 5) Non-Cash
PHONE NUMBER:		<input type="checkbox"/> 3) GR/GA	
SOCIAL SECURITY NUMBER:			

Reason for Communicating Information (Check and/or complete applicable item)

REFERRAL AGENCY/CWD/SERVICE PROVIDER USE ONLY

Client is being referred to _____ Service(s) to be provided by:
 _____ (PROVIDER) at _____ (COMPONENT) _____ (ADDRESS), (_____) _____ (PHONE NUMBER)

Client must report by _____ (DATE). Comments: _____

SERVICE PROVIDER USE ONLY

- Client reported on _____ (DATE) as directed and has been entered in service. Anticipated date of completion _____.
- Client reported on _____ (DATE) as directed is on waiting list. Anticipated date of enrollment in _____ service _____.
- Client has not participated or cooperated in training program because he/she failed to _____.
- Client has not accepted offer of employment.

JOB OFFER: _____ DATE OF OFFER: _____ STARTING WAGE: _____ EMPLOYER'S NAME: _____

EMPLOYER'S ADDRESS: _____ TELEPHONE NUMBER: _____ (_____)

Job Entry _____ DATE 30 Day _____ DATE 90-day Follow-up _____ DATE New Job _____ DATE Change in Employment Status _____ DATE

EMPLOYER'S NAME _____ ADDRESS: _____ \$

POSITION: _____ DATE STARTED: _____ TELEPHONE NUMBER: _____ CONTACT PERSON: _____ RATE OF PAY: _____

HOURS PER DAY: _____ HOURS PER WEEK _____ Permanent Part Time Permanent Full Time Seasonal Until: _____

Working - Original Job Working - New Job Not Working Case is Active

Quit job as of (Date) _____ Received Raise Fired as of: (Date) _____

Completed Participation _____ DATE COMPLETED _____ Case Closed _____ DATE CASE CLOSED _____ Other: _____

COMMENTS:

NAME: _____ TITLE: _____

AUTHORIZED SIGNATURE: _____ DATE: _____

NAME OF AGENCY: _____ PHONE NUMBER: _____ (_____)