

**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: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>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 \_\_\_\_\_

## USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

# WELFARE MAY OWE YOU MONEY

State law has changed. You can have more income and still get CalWORKs cash aid. This notice is about possible CalWORKs back cash aid.

- 1. Did you apply for and were denied cash aid between October 2002 and July 2003?**
- 2. Did you have income which caused your denial for cash aid?**

If you can answer Yes to both questions, you may be eligible for back CalWORKs cash aid. To find out, ask the county that denied your application.

## ES POSIBLE QUE LA ASISTENCIA PUBLICA LE DEBA DINERO

La ley estatal ha cambiado. Usted puede tener más ingresos y continuar recibiendo asistencia monetaria del Programa de California de Oportunidades de Trabajo y Responsabilidad hacia los Niños (CalWORKs). Esta notificación es acerca de la posibilidad de recibir asistencia monetaria retroactiva de CalWORKs.

- 1. ¿Presentó una solicitud para asistencia monetaria y le fue negada durante el período de octubre de 2002 a julio de 2003?**
- 2. ¿Tuvo usted ingresos que fueron el motivo para que le negaran asistencia monetaria?**

Si puede contestar “Sí” a las dos preguntas, es posible que usted sea elegible para recibir asistencia monetaria retroactiva de CalWORKs. Para saber si es así, pregúntele al Condado que negó su solicitud.

**If you need assistance in understanding this notice, contact your worker.**

Chinese

假如你需要人幫助你瞭解這份通知，請跟你的工作員連絡。

Russian

**Если вы не поняли это извещение и вам нужна помощь, обратитесь к работнику, ведущему ваше дело.**

Vietnamese

**Nếu quý vị cần giúp đỡ trong việc đọc và hiểu thông báo này, xin liên lạc với nhân viên phụ trách của quý vị.**