NOTICE OF FORM CHANGE NO. 04-185

DATE
07/01/2004

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   CW 31 (5/04)
Receipt For Documents

ORDER UNIT PAD	☒ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No

☐ New   ☒ Revised   DATE OF FORM 5/04   REPLACES 3/00   ☐ Obsolete

REQUIRED FORM-   REQUIRED FORM-
☐ No Change Permitted   ☐ 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:

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
Attached is a Reproducible Copy

Form printed: 8 1/2 x 5 1/2, one sided, pad in 100.

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

RECEIPT FOR DOCUMENTS

CASE # (IF KNOWN)

COUNTY NAME	APPLICANT/RECIPIENT'S NAME	SOCIAL SECURITY NUMBER (OPTIONAL)

THIS COUNTY RECEIVED THE FOLLOWING:

☐ QR 3 _____

MONTH

☐ CW 7/ SAWS 7/QR 7/MC 176 _____   ☐ Report Cards/School Attendance Records

MONTH

☐ Birth Certificate(s)   ☐ Dependent Care Verification

☐ Social Security Card Number Verification   ☐ Rent Receipt

☐ Citizenship/Non-Citizen Records   ☐ Utility Bills

☐ Pregnancy Verification   ☐ Medical Bills

☐ Pay Stub(s):   ☐ Immunization Records

☐ Other: _____

RECEIVED BY	TITLE	DATE RECEIVED

CW 31 (5/04) RECOMMENDED FORM