

NOTICE OF FORM CHANGE NO. 04-246

DATE
08-26-2004

TO: County Welfare Director Supply Clerk / Forms Coordinator	FROM: Forms Management Unit (916) 657-1907
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| <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 **TEMP 2179 MULTILINGUAL (9/00)**
 Welfare May Owe You Money

ORDER UNIT MASTER ONLY	<input checked="" 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 checked="" 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
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UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	<input type="checkbox"/> Other:
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FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY <input type="checkbox"/> Use until exhausted	<input checked="" type="checkbox"/> Destroy
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USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input type="checkbox"/> Use new form effective _____
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USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No.	<input type="checkbox"/> Other (specify)
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ADDITIONAL INFORMATION REGARDING FORM CHANGE
FORM IS OBSOLETE.