

**NOTICE OF FORM CHANGE NO. 04-272**

DATE

09/20/2004

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 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 SEE ATTACHED LIST

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	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 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 \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

The forms on the attached list have been made Master Only.

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).

<b><u>Forms</u></b>	<b><u>Title</u></b>
GR 238 (7/87)	County Mental Health Department - Interim Assistance To Applicants For SSI/SSP Monthly Caseload And Expenditure Statistical Report
SOC 383 (7/87)	Child Welfare Services Application
SOC 452 (4/99)	Cash Assistance Program For Immigrants (CAPI) Income Eligibility - Adult
SOC 445 (6/99) English & Spanish	Medi-Cal Recovery For The Personal Care Services Program
SOC 454 (4/99)	Cash Assistance Program For Immigrants (CAPI) Sponsor To Alien Deeming Worksheet
SOC 455 (1/99)	Cash Assistance Program For Immigrants State Interim Assistance Reimbursement Authorization
SOC 155 SP (4/87)	Voluntary Placement Agreement - Placement Request
SSP 4A (2/00) English & Spanish	Application And Verification For Special Circumstances Program
TLR 4 (2/00)	Community Care Licensing to Trustline Criminal Background Clearance Transfer Request
WTW 19 (1/02)	Learning Needs Screening