NOTICE OF FORM CH	ANGE NO. 04-274			DATE 09/30/2004
To: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Manageme (916) 657-1907	nt Unit
☐ Community Care Licens ☐ Private and Public Adop	_		District Attorney Other	
Listed below is information re	egarding a form change. On	ly applica	able information is shown.	
This notice updates your Dep	partment of Social Services	County F	orms Catalog.	
FORM NUMBER AND TITLE Various F	Forms			
ORDER UNIT	☐ Free ☐ Sold	ESTIMATED	PRICE	INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	DATE OF FORM	REPLACES		
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	d With Pi	rior DSS Approval Red	commended Form
UNLESS OTHERWISE SPECIFIED STO Department of Social Servi P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:	
	FORMS DISPOSITIO	N AND S	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	stroy	
use NEW FORM When supply available in	n DSS Warehouse	Us	e new form effective	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			

Check on the internet to see if forms are available at 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. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

<u>Forms</u>	<u>Title</u>
AD 56E (7/91)	Services To Other Agencies And Post Adoption Services In The Agency And Independent Programs Quarterly Statistical Report
CS 916 SP (1/00)	Monthly Statement Of Collections And Distribution
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
STD 113 (3/95)	Court Paper