NOTICE OF FORM CHANGE NO. 05-036		DATE 02/24/2005
To: County Welfare Director Supply Clerk / Forms Coordinator	FROM: Forms Manageme (916) 657-1907	nt Unit
	☐ District Attorney ☐ Other	
Listed below is information regarding a form change. Only a This notice updates your Department of Social Services Cou		
FORM NUMBER AND TITLE PUB 122 - Child Care Advocate Progra PUB 122 (SP) - Child Care Advocate Pr		
ORDER UNIT	TIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
□ New □ Revised 1/04 REF	PLACES	
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted V	Vith Prior DSS Approval Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	Other:	
	AND SPECIAL INSTRUCTIONS	
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		
THIS FORM IS NOW OBSOLETE.		

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.