NOTICE OF FORM CHANGE NO. 05-106		DATE 0.0.14 2005
		08-11-2005
TO: County Welfare Director Supply Clerk / Forms Coordinator	FROM: Forms M: (916) 657	anagement Unit 7-1907
☐ Community Care Licensing District Offices ☐ Private and Public Adoption Agencies	District Attorney ☐ Other	
Listed below is information regarding a form ch	nange. Only applicable information is sho	own.
This notice updates your Department of Social	Services County Forms Catalog.	
FORM NUMBER AND TITLE		
SEE LIST BELOW		
ORDER UNIT	Sold ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
□ New □ Revised DATE OF FORM	REPLACES	
REQUIRED FORM- REQUIRED	FORM-	
☐ No Change Permitted ☐ Substitute	e Permitted With Prior DSS Approval	Recommended Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788  FORMS DIS	SPOSITION AND SPECIAL INSTRUCTION	IONS
DISPOSITION OF OLD SUPPLY		
Use until exhausted	□ Destroy	
USE NEW FORM  When supply available in DSS Warehouse	Use new form effective	
□ All County Letter No. □ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE THESE FORMS ARE OBSOLETE:		
SAWS 2A REPLACED BY SAWS 2A QR CW 7 REPLACED BY QR 7 CW 25A REPLACED BY QR 25A ISAWS 7 REPLACED BY QR 7 CW 7A REPLACED BY QR 7A CW 22 REPLACED BY QR 22 CW 72 REPLACED BY QR 72 CW 73 REPLACED BY QR 73 CW 30 REPLACED BY QR 30 CW 2103 REPLACED BY QR 2103		