NOTICE OF FORM CHANGE NO. 06-141				11/06/2006	
To: County Welfare Dir Supply Clerk / Forr	FROM: Forms Management Unit (916) 657-1907				
□ Community Care Licens □ Private and Public Adop	•	☐ District A ☐ Other	attorney		
Listed below is information re This notice updates your Dep					
				option Assistance, Emergency Lefugee Cash Assist., Federal	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ⊠ Revised	DATE OF FORM 9/06	REPLACES 6/04		Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	ed With Prior DSS A	• •	Recommended Form	
UNLESS OTHERWISE SPECIFIED STOP Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse	☐ Other	r:		
	FORMS DISPOSITI	ON AND SPECIAL I	NSTRUCTIONS	S	
DISPOSITION OF OLD SUPPLY Use until exhausted	□ Destroy	□ Destroy			
use new form ☐ When supply available in	DSS Warehouse	⊠ Use new form	n effective <u>i</u>	mmediately.	
use FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
www.cdsscounties.ca.gov/A/	AC/aac.htm				

This is a Microsoft Excel document and is available on the Financial Services Bureau Automated Assistance Claims Webpage.