NOTICE OF FORM CHA	DATE 02-02-2007			
To: County Welfare Dir Supply Clerk / Forr			FROM: Forms Management Unit (916) 657-1907	
Community Care Licensi	~	☐ District Attorney ☐ Other		
Listed below is information re	garding a form change. Or	nly applicable information is s	shown.	
This notice updates your Dep	artment of Social Services	County Forms Catalog.		
	(10/05) English and Span			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes  ☐ No	
	DATE OF FORM 10/05	REPLACES 2/05	☐ Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitte	ed With Prior DSS Approval	Recommended Form	
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	CK MAINTAINED AT: Ces Warehouse	Other:		
	FORMS DISPOSITION	ON AND SPECIAL INSTRUC	CTIONS	
Use until exhausted		Destroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse		Use new form effectiv	e	
USE FORM IN ACCORDANCE WITH				
<ul><li>☐ All County Letter No.</li><li>☐ Other (specify)</li></ul>				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/				

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.

LIC 9212 replaced the PUB 72.