NOTICE OF FORM CHANGE NO. 07-015					DATE	
					02-13-2007	
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907			
Community Care Licensing District Offices] District Attorney] Other			
Listed below is information re	garding a form change. O	nly applica	ble information is show	'n.		
This notice updates your Dep	artment of Social Services	County Fo	orms Catalog.			
FORM NUMBER AND TITLE NA 818 (1 Notice Of	10/06) Action - Cash Aid Grant A	Amount				
MASTER ONLY		ESTIMATED PRICE		INITIAL SUPPLY SENT		
New Revised	date of form 10/06	replaces 12/03		Obsolete		
REQUIRED FORM-	REQUIRED FORM-	ed With Pr	ior DSS Approval	Rec	commended Form	
UNLESS OTHERWISE SPECIFIED STOO Department of Social Servic P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:			
	FORMS DISPOSITI	ON AND S	PECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY			stroy			
USE NEW FORM		⊠ Use	\boxtimes Use new form effective <u>10/06</u>			
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/j						

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.