NOTICE OF FORM CHANGE NO. 07-016					DATE 02-13-2007	
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907			
☐ Community Care Licens ☐ Private and Public Adop	~		District Attorney Other			
Listed below is information re	garding a form change. Or	nly applica	ble information is show	/n.		
This notice updates your Dep	artment of Social Services	County F	orms Catalog.			
FORM NUMBER AND TITLE NA 841 (** Notice Of	10/06) Action - Welfare To Work					
ORDER UNIT MASTER ONLY			ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ⊠ Revised	DATE OF FORM 10/06	REPLACES 3/04		Obsolete		
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Pr	rior DSS Approval	Red	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			Other:			
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS		
SPOSITION OF OLD SUPPLY Use until exhausted		⊠ De	stroy			
use NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 10/06				
USE FORM IN ACCORDANCE WITH						
All County Letter No.Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR						
http://www.dss.cahwnet.gov/	pdt/NA841.PDF					

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.