

NOTICE OF FORM CHANGE NO. 07-029

DATE

04-04-2007

TO:

County Welfare Director
 Supply Clerk / Forms Coordinator
 Community Care Licensing District Offices
 District Attorney
 Private and Public Adoption Agencies
 Other

FROM:

Forms Management Unit
 (916) 657-1907

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE **NA 840 (12/06) English and Spanish
 Notice of Action - Welfare to Work**

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 12/06	REPLACES 10/03	<input type="checkbox"/> Obsolete

REQUIRED FORM-

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No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

**Department of Social Services Warehouse
 P.O. Box 980788
 West Sacramento, CA 95798-0788**

 OTHER: INTERNET: INTRANET:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 12/06

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.dss.cahwnet.gov/pdf/NA840.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.