NOTICE OF FORM CHANGE NO. 07-040					DATE	
					04-19-2007	
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 re-	garding a form change. O	nly applica	ble information is show	'n.		
This notice updates your Calif	ornia Department of Soci	al Services	(CDSS) County Forms	Catalog	(PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE QR 22 (12/06) English and Spanish Sponsored Noncitizens Applying For Or Receiving Cash Aid And/Or Food Stamps						
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No	
☐ New ⊠ Revised	12/06	7/04			Obsolete	
REQUIRED FORM- No Change Permitted REQUIRED FORM- 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: http://www.dss.cahwnet.gov/pdf/QR22.pdf ☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY Supply Use until exhausted			☐ Destroy			
USE NEW FORM ☐ When supply available in DSS Warehouse			te new form effective 12/06			
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify) I-2	1-07					

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.