NOTICE OF FORM CHANGE NO. 07-041					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 Manageme (916) 657-1907	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your Calif	fornia Depart	ment of Social	Services	(CDSS) County Forms Catalog	) (PUB 69).
SAWS 2 (1/07) English and Spanish Statement of Facts For Cash Aid, Food Stamps and Medi-Cal 34-County Medical Services					
ORDER UNIT SET	Free	Sold Sold Sold Sold Sold Sold Sold Sold		INITIAL SUPPLY SENT  Yes No	
☐ New ⊠ Revised	1/07		REPLACES 11/06		☐ Obsolete
REQUIRED FORM-  REQUIRED FORM-  No Change Permitted  Required Form-  Required					
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/SAWS2.pdf ☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY  Supply  Use until exhausted			☐ Des	stroy	
USE NEW FORM  ⊠ When supply available in DSS Warehouse				e new form effective	
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.