NOTICE OF FORM CHANGE NO. 07-069		DATE
		9/04/2007
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manag (916) 657-190	
Listed below is information regarding a form change. C	Only applicable information is shown.	
This notice updates your California Department of Soci	ial Services (CDSS) County Forms C	atalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SSP 18 (9/07) - Notice for Payment Pending C	of Action and Right to Request a Sta Cases	te Hearing on Interim Assistance
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ⊠ No
☐ New ☐ Revised ☐ DATE OF FORM 9/07	REPLACES 12/06	Obsolete
REQUIRED FORM- REQUIRED FORM- 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 Supply Use until exhausted	Destroy	
USE NEW FORM When supply available in DSS Warehouse	Use new form effective	
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/Forms/English/ssp18.pdf		

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.