NOTICE OF FORM CHANGE NO. 08-002					01-11-2008	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma (916) 657-	nt Unit		
Listed below is information re	garding a form change. On	ly applica	ble information is show	vn.		
This notice updates your Cal	ifornia Department of Socia	al Service:	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	TEMP 2230 9/07) Englis Important Notice To Food					
ORDER UNIT MASTER ONLY Free Sold			PRICE		INITIAL SUPPLY SENT	
DATE OF FORM		REPLACES			☐ Yes ⊠ No	
New □ Revised	9/07	THE BACES			Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	d With Pr	ior DSS Approval		ommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			ER:			
Department of Social Services Warehouse P.O. Box 980788		⊠ INTERNET:				
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	ONS		
SPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy				
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 9/07		9/07		
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify) AC	CIN I-48-07					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Eng	lish/TEMF	P2230ENG_SP.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.