NOTICE OF FORM CHANGE NO. 08-007					DATE
					01-18-2008
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 applicabl	e information is show	wn.	
This notice updates your Cal	lifornia Department of Soc	cial Services	(CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CCP 7 (1/08) CalWORKs Stage One	Child Care F	Request Form And P	ayment R	ules
ORDER UNIT  MASTER ONLY  Free Sold		ESTIMATED PR	ESTIMATED PRICE		INITIAL SUPPLY SENT
DATE OF FORM		REPLACES			☐ Yes ⊠ No
□ New	1/08	2/05			☐ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitt			Red	commended Form
UNLESS OTHERWISE SPECIFIED STOR Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	☐ OTHER:  ☑ INTERNET:  ☐ INTRANET:				
	FORMS DISPOSITI	ON AND SP	ECIAL INSTRUCTION	ONS	
SPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destr	□ Destroy		
use New FORM  When supply available in DSS Warehouse		⊠ Use ı	☐ Use new form effective 2-1-08		
USE FORM IN ACCORDANCE WITH  All County Letter No. 08	i-04				
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR		II 1 /005==	NDE		
http://www.dss.cahwnet.gov/	cussweb/entres/torms/End	alish/CC27.F	'UF		

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.