NOTICE OF FORM CHANGE NO. 08-018				1/30/2008	
To: County Welfare Director Supply Clerk / Forms Coc Community Care Licensir District Attorney Private and Public Adopti Other	ng District Offices	FROM: Forms Ma (916) 657-	nt Unit		
Listed below is information regarding	a form change. Only ap	plicable information is show	vn.		
This notice updates your California	Department of Social Se	rvices (CDSS) County Forn	ns Catalo	g (PUB 69).	
	27A (1/08) ent to a Medical Examin	ation			
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ☐ Revised 1/08	FORM REPL 10/9			Obsolete	
REQUIRED FORM- REQ	UIRED FORM- Substitute Permitted Wi	ith Prior DSS Approval	Rec	ommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		OTHER: INTERNET:			
-		INTRANET:	NC		
DISPOSITION OF OLD SUPPLY	JRIVIS DISPOSITION A	ND SPECIAL INSTRUCTIO	JNS		
Use until exhausted		Destroy			
USE NEW FORM ☐ When supply available in DSS Warehouse		Use new form effective	1/08		
□ All County Letter No. □ Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE		ICS27A ndf			

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.