

**NOTICE OF FORM CHANGE NO. 08-036**

DATE

3/06/2008

**TO:**

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 regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE				SOC 830 SP (1/08) Request for Conditional CAPI After Naturalization Pending SSI/SSP Eligibility Determination			
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT			
MASTER ONLY				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised		DATE OF FORM 1/08		REPLACES		<input type="checkbox"/> <b>Obsolete</b>	
REQUIRED FORM-		REQUIRED FORM-					
<input checked="" type="checkbox"/> No Change Permitted		<input type="checkbox"/> Substitute Permitted With Prior DSS Approval		<input type="checkbox"/> Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				<input type="checkbox"/> OTHER:			
<b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>				<input checked="" type="checkbox"/> INTERNET:			
				<input type="checkbox"/> INTRANET:			

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY			
<input type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy		
USE NEW FORM			
<input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective	3/08	
USE FORM IN ACCORDANCE WITH			
<input type="checkbox"/> All County Letter No.			
<input type="checkbox"/> Other (specify)			

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/SOC830SP.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to  
[www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://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](mailto:fmudss@dss.ca.gov).

Contact Language Services for other languages at (916) 651-8876 or by e-mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).