NOTICE OF FORM CHANGE NO. 08-046					DATE	
NOTICE OF FORM OFF	411GE 110. 00 040				03-24-2008	
TO: 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. Or	nly applica	able information is show	vn.		
This notice updates your Cal	ifornia Department of Soci	ial Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	RS 1 (3/08) Refugee Resettlement F	Program S	ervices Application An	d Assessı	ment Information	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No	
□ New ⊠ Revised	DATE OF FORM 3/08 REQUIRED FORM-	REPLACES 10/03			Obsolete	
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: □ OTHER:						
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	☑ INTERNET: ☐ INTRANET:			
			SPECIAL INSTRUCTION)NS		
DISPOSITION OF OLD SUPPLY						
☐ Use until exhausted ☐ Destroy						
When supply available in DSS Warehouse		Use new form effective 3/08		3/08		
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR		ilioh/DC1 r	odf			
http://www.dss.cahwnet.gov/d	cassweb/entres/torms/Eng	JIISN/RST.	oai			
Changes due to AB 205, Don	nestic Partner					
Camera-ready copies are cur www.dss.cahwnet.gov/cdssw Form information on forms no	eb/FormsandPu_271.htm.			1907 or b	y e-mail at	

fmudss@dss.ca.gov.