NOTICE OF FORM CHANGE NO. 08-048			DATE
			04-01-2008
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 re	garding a form change. (	Only applicable information is shown	·
This notice updates your Ca	lifornia Department of So	ocial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	VVIVV 12 (1/33) Linguisi	h and Spanish _earn Supportive Service Repaymen	nt Agreement
ORDER UNIT	⊠ Eroo □ Cold	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold	REPLACES	☐ Yes ⊠ No
☐ New ☐ Revised	7/99	1/98	☐ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permi	itted With Prior DSS Approval	□ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
	FORMS DISPOSIT	TION AND SPECIAL INSTRUCTION	IS
DISPOSITION OF OLD SUPPLY  Use until exhausted		□ Destroy	
USE NEW FORM  ☐ When supply available in DSS Warehouse		⊠ Use new form effective	7/99
□ All County Letter No. □ Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR Print form: 8 1/2 x 11, one si			
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Er	nglish/WTW12.pdf	
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Sp	panish/WTW12SP.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.