NOTICE OF FORM CHANGE NO. 08-050				
			DATE	
				04-03-2008
TO:	FRC	DM:		
County Welfare Director		Forms Management Unit		
Supply Clerk / Forms Coordinator		(916) 657-1907		
Community Care Licensing District Office	S			
District Attorney				
Private and Public Adoption Agencies Other				
Other				
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 WTW 13 (7/99)				
Welfare-to-Work/Cal-Lo	earn Supportive Se	ervices Overpay	ment Fina	al Notice
ORDER UNIT	ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY				
□ New	REPLACES 1/98			Obsolete
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:	□ OTHER: ☑ INTERNET:		
Department of Social Services Warehouse P.O. Box 980788				
West Sacramento, CA 95798-0788		:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY	⊠ Destroy			
USE NEW FORM	🛛 Use new f	\boxtimes Use new form effective 7/99		
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FORM CHANGE				
Print form: 8 1/2 x 11, two sided, NA BACK 9				

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/WTW13.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.