NOTICE OF FORM CHANGE NO. 08-062				DATE
				05-30-2008
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FROM: Forms Ma (916) 657		nt Unit	
Listed below is information re	garding a form change. Or	nly applicable information is sho	wn.	
This notice updates your Cal	lifornia Department of Soci	al Services (CDSS) County Form	ms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 454 (4/99) CAPI Sponsor To Alien	Deeming Worksheet		
ORDER UNIT MASTER ONLY		ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No
New ☐ Revised	DATE OF FORM 4/99	REPLACES		☐ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted 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 DISPOSITION AND SPECIAL INSTRUCTIONS				
DISPOSITION OF OLD SUPPLY Substitution Of OLD SUPPLY Use until exhausted		☐ Destroy		
USE NEW FORM When supply available in DSS Warehouse		⊠ Use new form effective	date of this notice	
□ All County Letter No. □ Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		llish/SOC454.pdf		
Form just now posted to the i Print form: 8 1/2 x 11, one si				

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.