NOTICE OF FORM CHANGE NO. 08-067					DATE	
					06-12-2008	
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. C	nly applica	ble information is show	/n.		
This notice updates your Ca					g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SSP 18 (3/08) Notice Of Action And R	ight To Re	quest A State Hearing	On Interir	n Assistance	
ORDER UNIT	UNIT ESTIMATED PRICE				INITIAL SUPPLY SENT	
MASTER ONLY	Free Sold				🗌 Yes 🛛 🕅 No	
🗌 New 🛛 Revised	DATE OF FORM	REPLACES 9/07			Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
No Change Permitted	Substitute Permit	-	rior DSS Approval		commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			IER:			
Department of Social Services Warehouse P.O. Box 980788						
P.O. Box 980788 West Sacramento, CA 95798-0788						
	FORMS DISPOSITI	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY						
Use until exhausted			stroy			
USE NEW FORM		🖂 Us	\boxtimes Use new form effective 4/1/08			
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
\boxtimes Other (specify) I-4	6-08					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/ssp18.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.