NOTICE OF FORM CHANGE NO. 08-068		DATE
		06-12-2008
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District C District Attorney Private and Public Adoption Agencie Other	(916) 657- Offices	nagement Unit 1907
Listed below is information regarding a form char	nge. Only applicable information is shov	vn.
This notice updates your California Department	of Social Services (CDSS) County Forn	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SSP 14 (3/08) Authorization For	Reimbursement of Interim Assistance I	nitial Payment
ORDER UNIT MASTER ONLY Free S	estimated price	INITIAL SUPPLY SENT
DATE OF FORM	REPLACES	☐ Yes ☐ No
☐ New ☐ Revised 3/08	9/99	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute F UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	Permitted With Prior DSS Approval OTHER: INTERNET:	Recommended Form
	☐ INTRANET:	
DISPOSITION OF OLD SUPPLY	POSITION AND SPECIAL INSTRUCTION	DNS
Use until exhausted	□ Destroy	
USE NEW FORM When supply available in DSS Warehouse	Use new form effective	
USE FORM IN ACCORDANCE WITH		
☐ All County Letter No.		
☑ Other (specify) I-46-08		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.dee.cahwnet.gov/cdeeweh/entree/form	ne/English/SSP14 ndf	

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.