NOTICE OF FORM CH	ANGE NO. 08-083			DATE 06-23-2008
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other		FROM: Forms Management Unit (916) 657-1907		
Listed below is information re This notice updates your Ca FORM NUMBER, REVISION DATE AND TITLE		cial Services (CDS		atalog (PUB 69).
	Free Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT
New Revised	DATE OF FORM 6/08	REPLACES		Obsolete
REQUIRED FORM-	REQUIRED FORM-	ted With Prior DSS	S Approval 🛛 🖂	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		OTHER:		

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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.

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When supply available in DSS Warehouse

ADDITIONAL INFORMATION REGARDING FORM CHANGE

I-45-08

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