NOTICE OF FORM CHANGE NO. 08-091				DATE 07-10-2008
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FROM: Forms Ma (916) 657-	•		
Listed below is information re	garding a form change. Or	nly applicable information is show	vn.	
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County Forn	ns Catalog	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE NA 840 (5/08) Notice of Action - Welfare to Work Plan				
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT
🗌 New 🛛 Revised	DATE OF FORM 5/08	REPLACES 12/06		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				
ISPOSITION OF OLD SUPPLY		⊠ Destroy		
USE NEW FORM		⊠ Use new form effective	5/08	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)	9-08			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/NA840.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.