NOTICE OF FORM CHANGE NO. 08-116				DATE
				09/03/2008
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other		ns Manageme) 657-1907	nt Unit	
Listed below is information re	garding a form change. Or	nly applicable information i	s shown.	
This notice updates your Cal				og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	GEN 1365 (3/08) Multilir Notice Of Language Ser			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ⊠ No
⊠ New ☐ Revised	3/08	REPLACES		☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	114":I B : B00 4		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		☐ OTHER: ☐ INTERNET:		
	FORMS DISPOSITION	ON AND SPECIAL INSTR	UCTIONS	
Use until exhausted		Destroy		
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 3/08		
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify) http://www.dss.cahwnet.gov/lettersnotices/entres/getinfo/acin08/I-54_08.pdf				
ADDITIONAL INFORMATION REGARDING FOR				
http://www.dss.cahwnet.gov/	/cdssweb/entres/forms/Mu	lti/GEN1365MUL.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.