NOTICE OF FORM CHANGE NO. 08-131				DATE
				12/30/2008
TO: County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	FROM: Forms Mai (916) 657-		<u> </u>	
Listed below is information regarding a form change. Only applicable information is shown.				
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).				
FORM NUMBER, REVISION DATE AND TITLE SOC 835 (11/08) - Supplement To The Dual Agency Rate - Multiple Questionnaire Worksheet				
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No
⊠ New ☐ Revised	DATE OF FORM 11/08	REPLACES		Obsolete
REQUIRED FORM- REQUIRED FORM-				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse		☐ OTHER: ☐ INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
Use until exhausted		Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective	11/08	
USE FORM IN ACCORDANCE WITH All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/c		ish/SOC835.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.