NOTICE OF FORM CHANGE NO. 08-138				DATE
				12-29-2008
County Welfare Direct Supply Clerk / Forms ( Community Care Licer District Attorney Private and Public Add Other	FROM: Forms Mai (916) 657-		nt Unit	
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 BCII 9002 (4/08) Substitute Agency Notification Request				
ORDER UNIT MASTER ONLY	Free Sold			INITIAL SUPPLY SENT  ☐ Yes  ☐ No
☐ New ☐ Revised 4/0	OF FORM	REPLACES 8/05		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				
Use until exhausted		Destroy		
USE NEW FORM  ☐ When supply available in DSS Warehouse		□ Use new form effective	4/08	
USE FORM IN ACCORDANCE WITH	E			
ADDITIONAL INFORMATION REGARDING FORM CH http://www.dss.cahwnet.gov/cds		lish/BCII9002.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.