NOTICE OF FORM CHANGE NO. 09-008					DATE
					03-17-2009
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907		
Listed below is information re	garding a form change. Or	nly applicabl	e information is show	wn.	
This notice updates your Cal	lifornia Department of Soci	al Services	(CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 2200 (3/09) Request For Verification	Form			
ORDER UNIT MASTER ONLY Sold ESTIMATED PRICE			ICE		INITIAL SUPPLY SENT ☐ Yes ☐ No
New □ Revised	3/09	REPLACES		Obsolete	
REQUIRED FORM-	REQUIRED FORM-		D00.4		
No Change Permitted Substitute Permitte UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		ed With Prior DSS Approval			commended Form
	FORMS DISPOSITION	ON AND SP	ECIAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy			
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 3/08			
SE FORM IN ACCORDANCE WITH SAII County Letter No. 09 Other (specify)	i-01				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov.		alish/CW220	0.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.