NOTICE OF FORM CHANGE NO. 09-019				DATE	
				5/27/2009	
				5/27/2009	
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			<b>FROM:</b> Forms Manage (916) 657-190		
Listed below is information re	garding a form change. On	ly applica	ble information is shown.		
This notice updates your Cal	ifornia Department of Socia	al Service	s (CDSS) County Forms Ca	atalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 841 (5/09) Notice (	Of Overpa	ayment And Request For Vo	oluntary Repayment	
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY ⊠ Free ☐ Sold				☐ Yes ⊠ No	
	DATE OF FORM 5/09	REPLACES		Obsolete	
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted	Substitute Permitte	ed With Pr	ior DSS Approval	Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Serroments, CA 95798 0788			ER:		
			⊠ INTERNET:		
	FORMS DISPOSITION	N AND S	PECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY			.1		
Use until exhausted		Des	stroy		
USE NEW FORM  When supply available in DSS Warehouse		Use new form effective			
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Engl	ish/SOC8	41.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.