NOTICE OF FORM CHANGE NO. 09-021		DATE 6/16/2009
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	(916) 657-	nagement Unit
Listed below is information regarding a form change. O	only applicable information is show	vn.
This notice updates your California Department of Soc	cial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE FCR 2 FFA (5/09) Program Description Ch	hecklist	
ORDER UNIT MASTER ONLY	ESTIMATED PRICE	
□ New	REPLACES 2/05	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted	ted 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		
	ON AND SPECIAL INSTRUCTIO	DNS
DISPOSITION OF OLD SUPPLY	Destroy	
USE NEW FORM	Use new form effective	6/09
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/FCR2FFA.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.