NOTICE OF FORM CHANGE NO. 09-026						DATE 09/01/2009	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Ma (916) 657-			
Listed below is information re	garding a for	m change. On	ly applica	ble information is show	vn.		
This notice updates your Cal	lifornia Depa	tment of Socia	al Service	s (CDSS) County Form	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	WTW 37 (Permissior	,	Domestic	Abuse Information whe	en Moving	to another County	
MASTER ONLY			ESTIMATED PRICE		INITIAL SUPPLY SENT		
	DATE OF FORM		REPLACES				
REQUIRED FORM-			ed With P	rior DSS Approval	Rec	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788				IER: ERNET:			
				RANET:			
DISPOSITION OF OLD SUPPLY	FORM	S DISPOSITIO	ON AND S	SPECIAL INSTRUCTION	DNS		
Use until exhausted			De	stroy			
USE NEW FORM			\Box Use new form effective 7/09				
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)							
	CIN I-60-09						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE	· · · ·					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/WTW37.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 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.