NOTICE OF FORM CHANGE NO. 09-027				DATE	
NOTICE OF FORM CHANGE NO. 09-021				09/01/2009	
TO: County Welfare Did Supply Clerk / Ford Community Care L District Attorney Private and Public Other		ROM: Forms Ma (916) 657	nagement Unit 1907		
Listed below is information re	egarding a form change.	Only applicable	information is show	vn.	
This notice updates your Ca	lifornia Department of Sc	ocial Services (C	DSS) County Forr	ns Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	CW 31 (5/04) English Receipt For Documen				
ORDER UNIT MASTER ONLY		ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ☐ Revised	DATE OF FORM 5/04	REPLACES		☐ Obsolete	
No Change Permitted	REQUIRED FORM- Substitute Perm	nitted With Prior I	OSS Approval	⊠ Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTERN	☐ OTHER: ☑ INTERNET: ☐ INTRANET:		
	FORMS DISPOSIT	TION AND SPE	CIAL INSTRUCTION	DNS	
DISPOSITION OF OLD SUPPLY Use until exhausted	Destroy	☐ Destroy			
USE NEW FORM ☐ When supply available in DSS Warehouse			Use new form effective		
□ All County Letter No. □ Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR FORM IS NOW IN Spanish.	RM CHANGE				
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/E	nglish/CW31.PD	F		
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/S	panish/CW31SF	² .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.