MASTER ONLY Free Sold Date of FORM REPLACES	
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (FORM NUMBER, REVISION DATE AND TITLE FORM NUMBER, REVISION DATE AND TITLE PUB 109 (6/09) English and Spanish Welfare Fraud & Abuse Poster ORDER UNIT Image: Construct of the second	PUB 69).
FORM NUMBER, REVISION DATE AND TITLE PUB 109 (6/09) English and Spanish Welfare Fraud & Abuse Poster ORDER UNIT MASTER ONLY DATE OF FORM REPLACES	PUB 69).
ORDER UNIT ESTIMATED PRICE MASTER ONLY Free Date of FORM REPLACES	
MASTER ONLY Free Sold Date of FORM REPLACES	
DATE OF FORM REPLACES	
	Yes 🛛 No
□ New ⊠ Revised 6/09 4/00	Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recorr	nmended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER: Department of Social Services Warehouse INTERNET: P.O. Box 980788 INTERNET: West Sacramento, CA 95798-0788 INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS	
Use until exhausted	
USE NEW FORM	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)	

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/PUB109.pdf

http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/PUB109SP.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.