NOTICE OF FORM CHANGE NO. 09-040						DATE 10/28/2009
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-	•	nt Unit
Listed below is information re	garding a fori	m change. On	ly applica	ble information is show	vn.	
This notice updates your Cal	ifornia Depar	tment of Socia	al Service	s (CDSS) County Form	ns Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 841 (10/09) Notice Of Overpayment And Request For Voluntary Repayment						
ORDER UNIT MASTER ONLY	🖂 Free	Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT	
New Revised	DATE OF FORM 10/09		REPLACES 5/09			Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788			OTH			
West Sacramento, CA 95798-0788						
	FORMS	DISPOSITIO	N AND S	PECIAL INSTRUCTIO	DNS	
DISPOSITION OF OLD SUPPLY				stroy		
USE NEW FORM				e new form effective	10/09	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC841.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.