NOTICE OF FORM CHANGE NO. 09-043				DATE	
TO THE OF THE OTHER OTHER	-11GE 110.00 070		10-30-20		
TO: County Welfare Dir Supply Clerk / Forr Community Care L		(916	ns Manageme) 657-1907	<u> </u>	
District Attorney Private and Public Other	Adoption Agencies				
Listed below is information re	garding a form change. O	nly applicable information i	s shown.		
This notice updates your Cal	lifornia Department of Soc	ial Services (CDSS) Count	y Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 295 (10/09) Application For Social S	ervices			
ORDER UNIT MASTER ONLY	STER ONLY Sold		INITIAL SUPPLY SENT ☐ Yes ⊠ No		
☐ New ☐ Revised	DATE OF FORM 10/09	REPLACES 2/00		Obsolete	
REQUIRED FORM-	REQUIRED FORM-	ed With Prior DSS Approva		commended Form	
☐ No Change Permitted ☐ Substitute Permitte UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		OTHER:			
		⊠ INTERNET:			
West Sacramento, CA 95798-0788		☐ INTRANET:			
	FORMS DISPOSITION	ON AND SPECIAL INSTR	UCTIONS		
SPOSITION OF OLD SUPPLY Supplemental Supplementaries Suppleme		Destroy			
USE NEW FORM When supply available in DSS Warehouse		\boxtimes Use new form effective <u>10-26-</u>		09	
USE FORM IN ACCORDANCE WITH					
✓ All County Letter No. 09✓ Other (specify)	1-63				
ADDITIONAL INFORMATION REGARDING FOR		II. I. (0.0005 II.			
http://www.dss.cahwnet.gov/	/cassweb/entres/torms/En	giisn/SOC295.pat			

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.