NOTICE OF FORM CHANGE NO. 09-056					DATE
				11-16-2009	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907		
Listed below is information re	garding a form change. On	nly applical	ole information is show	vn.	
This notice updates your Cal	lifornia Department of Socia	al Services	s (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	GEN 1031 (11/09) Annual County Training I	Plan			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 11/09	REPLACES 4/08		Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Pri	or 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			☐ OTHER: ☐ INTERNET: ☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	ONS	
ISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Des	troy		
USE NEW FORM When supply available in DSS Warehouse		□ Use new form effective date of the date of the date of the date of the date.		this notice	
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify) 1-7	' 2-09				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		ılish/GEN1	031.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 fmudss@dss.ca.gov.