NOTICE OF FORM CHANGE NO. 09-060					DATE
					12-07-2009
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar (916) 657-	•	nt Unit
Listed below is information re	egarding a form change. Or	nly applica	able information is show	/n.	
This notice updates your Ca	lifornia Department of Soci	ial Service	es (CDSS) County Form	ns Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 2203 (11/09) Request For Supplemen	ntal Payme	ent by Check Or Direct	Deposit	
ORDER UNIT				·	INITIAL SUPPLY SENT
MASTER ONLY ☐ Free ☐ Sold					☐ Yes ⊠ No
New □ Revised	DATE OF FORM 11/09	REPLACES		☐ Obsolete	
REQUIRED FORM- REQUIRED FORM-					
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			IER:		
Department of Social Services Warehouse P.O. Box 980788		☐ INTERNET:			
West Sacramento, CA 95798-0788		☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De:	stroy		
USE NEW FORM When supply available in DSS Warehouse		□ Use new form effective date		date o	of ACIN
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
☐ Other (specify) I-8	30-09				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
http://www.dss.cahwnet.gov	r/cdssweb/entres/forms/Eng	glish/CW2	203.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.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.