NOTICE OF FORM CHANGE NO. 09-061						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 Man (916) 657-1	•	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.						
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).						
FORM NUMBER, REVISION DATE AND TITLE CW 2201 (6/09) Unemployment Insurance Benefits Referral Form						
ORDER UNIT ESTIMAT			ESTIMATED			INITIAL SUPPLY SENT
MASTER ONLY Sold					🗌 Yes 🛛 No	
🛛 New 🗌 Revised	DATE OF FORM 6/09		REPLACES			Obsolete
REQUIRED FORM- No Change Permitted  Required Form-  Required Form- Required Form-  Required Form- Requir						
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 AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy						
USE NEW FORM				Use new form effective date		of ACIN
USE FORM IN ACCORDANCE WITH All County Letter No.	0.00					
	0-09					
ADDITIONAL INFORMATION REGARDING FOR	KM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/CW2201.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.