

**NOTICE OF FORM CHANGE NO. 10-038**

DATE

09/02/2010

**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

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				SOC 451 (8/02) Cash Assistance Program For Immigrants Interim Assistance Reimbursement Authorization			
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT			
MASTER ONLY		<input type="checkbox"/> Free <input type="checkbox"/> Sold		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
<input type="checkbox"/> New <input type="checkbox"/> Revised		DATE OF FORM 8/02		REPLACES		<input checked="" type="checkbox"/> <b>Obsolete</b>	
REQUIRED FORM-				REQUIRED FORM-			
<input type="checkbox"/> No Change Permitted				<input checked="" type="checkbox"/> Substitute Permitted With Prior DSS Approval		<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				<input type="checkbox"/> OTHER: <input type="checkbox"/> INTERNET: <input type="checkbox"/> INTRANET:			
<b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>							

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY	
<input type="checkbox"/> Use until exhausted	<input checked="" type="checkbox"/> Destroy
USE NEW FORM	
<input type="checkbox"/> When supply available in DSS Warehouse	<input type="checkbox"/> Use new form effective _____
USE FORM IN ACCORDANCE WITH	
<input type="checkbox"/> All County Letter No.	
<input type="checkbox"/> Other (specify)	

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is obsolete.