

**NOTICE OF FORM CHANGE NO. 11-083**

DATE

08/18/2011

**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  |  |   |   | PUB 111 (8/11)<br>Deaf Access Program Brochure                      |  |
| ORDER UNIT  | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold |   | ESTIMATED PRICE                               | INITIAL SUPPLY SENT   |  |
| MASTER ONLY   |  |   |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised  | DATE OF FORM   | REPLACES  | <input type="checkbox"/> <b>Obsolete</b>      |   |  |
|   | 8/11   | 7/04  |   |   |  |
| REQUIRED FORM-  |  | REQUIRED FORM-  |   |   |  |
| <input type="checkbox"/> No Change Permitted  |  | <input type="checkbox"/> Substitute Permitted With Prior DSS Approval |   | <input checked="" type="checkbox"/> Recommended Form                |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:   |  |   | <input type="checkbox"/> OTHER:               |   |  |
| <b>Department of Social Services Warehouse</b><br><b>P.O. Box 980788</b><br><b>West Sacramento, CA 95798-0788</b> |  |   | <input checked="" type="checkbox"/> INTERNET: |   |  |
|   |  |   | <input type="checkbox"/> INTRANET:            |   |  |

**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 checked="" type="checkbox"/> Use new form effective <u>immediately</u> |
| USE FORM IN ACCORDANCE WITH                                     |   |
| <input type="checkbox"/> All County Letter No.                  |   |
| <input type="checkbox"/> Other (specify)                        |   |

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/pub111.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://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](mailto:fmudss@dss.ca.gov).