NOTICE OF FORM CHANGE NO. 12-080						DATE
						10-01-2012
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Man	nageme	nt Unit
Listed below is information re	garding a forn	n change. Or	nly applica	able information is show	'n.	
This notice updates your Cal	lifornia Depart	ment of Socia	al Service	es (CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP AR 1		lew Repo	rting Requirements For	CalWO	RKs and CalFresh
ORDER UNIT			ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free	Sold			☐ Yes ☐ No	
□ Revised	DATE OF FORM 9/12		REPLACES			☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FOR Subs		ed With P	rior DSS Approval	□R€	ecommended 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	DISPOSITIO	N AND S	SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted	· Ortino	2.0. 00.110		stroy		
use NEW FORM ☐ When supply available in DSS Warehouse			☐ Use new form effective Reference		to 12-49	
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify) ADDITIONAL INFORMATION REGARDING FOR		ca.gov/letter	snotices/e	entres/getinfo/acl/2012/	12-49.pd	lf
ADDITIONAL INFORMATION REGARDING FOR	KIVI CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMPAR1.pdf

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

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