NOTICE OF FORM CHANGE NO. 15-04			DATE	
			01/28/2015	
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District District Attorney Private and Public Adoption Agenci Other	Offices	FROM: Forms Manageme	<u> </u>	
Listed below is information regarding a form cha	ange. Only applicable	e information is shown.		
This notice updates your California Departmen	t of Social Services (	(CDSS) County Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE CCP 7 (10/14) -	CalWORKs Stage C	one Child Care Request Form	And Payment Rules	
ORDER UNIT	ESTIMATED PRI	CE	INITIAL SUPPLY SENT	
☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	REPLACES		☐ Yes ☒ No	
☐ New ☐ Revised 10/14	10/05		Obsolete	
REQUIRED FORM-				
No Change Permitted				
Department of Capial Comises Warehouse				
P.O. Box 980788		ERNET:		
West Sacramento, CA 95798-0788		NET:		
FORMS DIS	POSITION AND SPI	ECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY				
Use until exhausted Destroy				
USE NEW FORM  ☐ When supply available in DSS Warehouse ☐ Use new form effective  Refer to ACL 14-85			to ACL 14-85	
USE FORM IN ACCORDANCE WITH				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FORM CHANGE				
http://www.cdss.ca.gov/cdssweb/entres/form http://www.cdss.ca.gov/lettersnotices/EntRe	· ·			
Camera-ready copies are currently available or http://www.dss.cahwnet.gov/cdssweb/Formsan Form information on forms not listed in the cata	dPu_271.htm.		<i>1</i> .	

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

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