NOTICE OF FORM CHANGE NO. 05-103	DATE	
	08/0	8/2005
TO: County Welfare Director Supply Clerk / Forms Coordinator	FROM: Forms Management Unit (916) 657-1907	t
Community Care Licensing District Offices	District Attorney	
Listed below is information regarding a form change. Only a	oplicable information is shown.	
This notice updates your Department of Social Services Cou	nty Forms Catalog.	
FORM NUMBER AND TITLE SEE LIST BELOW		
ORDER UNIT		SUPPLY SENT es DNO
New Revised	aces	bsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted W	/ith Prior DSS Approval	nded Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	Other:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS		
Use until exhausted	Destroy	
USE NEW FORM	Use new form effective	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE THE FOLLOWING FORMS ARE NOW OBSOLETE:		

GEN 387A (8/02) - Request For Manual Of Policies And Procedures; GEN 387B (10/03) - Request For Regulations Title 22, Division 6 and 12 Community Care Licensing (For Licensees, Provider Associations and Organizations Use Only); GEN 287C (10/02) - Request For Regulations Title 22, Division 6 and 12 Comunity Care Licensing (For State And County

GEN 387C (10/03) - Request For Regulations Title 22, Division 6 And 12 Comunity Care Licensinng (For State And County Licensing Office Use Only), GEN 387C

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.