NOTICE OF FORM CHANGE NO. 12-066					DATE
					07-16-2012
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	ageme	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your Ca	lifornia Department of Soc	cial Service	es (CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	M40-107d (6/12) Englis Time On Aid To Former	-			
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT
☐ New ☐ Revised	DATE OF FORM 6/12	REPLACES			☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			HER: ERNET: RANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use			se new form effective	6/12	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cdssweb/NoticeofAc_2383.htm					
http://www.cdss.ca.gov/cdssweb/PG177.htm#SP-M					
As requested by counties, this form was placed back on the internet.					

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.