NOTICE OF FORM CHANGE NO. 13-077					DATE
					07/15/2013
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	agemei	nt Unit
Listed below is information reg	garding a form change. O	nly applica	able information is show	'n.	
This notice updates your Cali	fornia Department of Soc	ial Service	es (CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	WTW 38 (6/13) Welfare-To-Work 24-Mo	onth Time	Clock Notice		
ORDER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT
MASTER ONLY					☐ Yes
	DATE OF FORM 6/13	REPLACES			Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permit	ted With F	rior DSS Approval	□Re	ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:		
Department of Social Services Warehouse P.O. Box 980788			☑ INTERNET:		
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS	
Use until exhausted		☐ De	stroy		
USE NEW FORM  When supply available in DSS Warehouse			□ Use new form effective Reference     □ Reference Reference     □ Reference		to 13-59
SE FORM IN ACCORDANCE WITH  ☐ All County Letter No. http ☐ Other (specify)	o://www.cdss.ca.gov/cdss	sweb/entre	s/forms/English/WTW38	8.pdf	
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW38.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.