NOTICE OF FORM CHANGE NO. 13-115			DATE
			10-02-2013
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			nagement Unit
Listed below is information re	garding a form change. O	nly applicable information is show	vn.
This notice updates your Cal	ifornia Department of Soci	ial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	WTW 17 (9/13) Waiver ( Screening And/Or Evalu	Of CalWORKs Learning Disabiliti	es
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM  9/13	REPLACES 12/05	☐ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permit	ted With Prior DSS Approval	☐ Recommended 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 SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY  Use until exhausted		☐ Destroy	
USE NEW FORM  When supply available in DSS Warehouse		☐ Use new form effective	Refer to 13-72
SE FORM IN ACCORDANCE WITH   ☐ All County Letter No. htt  ☐ Other (specify)	p://www.cdss.ca.gov/letter	rsnotices/EntRes/getinfo/acl/2013	3/13-72.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW17.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.