NOTICE OF FORM CHANGE NO. 13-125					DATE
					10-03-2013
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit		
Listed below is information re	garding a form change. O	nly applica	ble information is show	n.	
This notice updates your Cal	ifornia Department of Soc	cial Services	s (CDSS) County Form	s Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 2211 (9/13) Your C Semi-Annual Reporting		. •	Change	d
ORDER UNIT	3	ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold				☐ Yes ☐ No
⊠ New ☐ Revised	DATE OF FORM 9/13	REPLACES			Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	tted With Pi	rior DSS Approval	□Re	commended Form
			ER:		
Department of Social Services Warehouse P.O. Box 980788			☐ STIER.		
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	troy		
USE NEW FORM When supply available in DSS Warehouse			☐ Use new form effective Refer		to 13-80
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/lette	rsnotices/E	ntRes/getinfo/acl/2013	s/13-80.pc	df
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW2211.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.