NOTICE OF FORM CHANGE NO. 06-021 ERRATA				DATE 01-30-2006
To: County Welfare Dir Supply Clerk / Forr		FROM: Forms Management Unit (916) 657-1907		
☐ Community Care Licens	•	☐ District Attor☐ Other	ney	
Listed below is information re This notice updates your Dep				
	5 (5/04) English and Span Ks Child Care Reimbursem			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	DATE OF FORM 5/04	replaces 10/05		Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Other:				
Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse			
	FORMS DISPOSITION	ON AND SPECIAL INS	TRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		□ Use new form effective immed		ately
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
Additional information regarding for Attached is a Reproducible C				
Print form: 8 1/2 x 11, 2 side	d.			

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

The 10/05 was released in error, the correct revision to use is the 5/04.

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.