NOTICE OF FORM CHANGE NO. 06-045 ERRATA		DATE 04/20/2006
TO: County Welfare Director Supply Clerk / Forms Coordinator	FROM: Forms Man (916) 657-1	nagement Unit
☐ Community Care Licensing District Offices ☐ Private and Public Adoption Agencies	☐ District Attorney ☐ Other	
Listed below is information regarding a form cha This notice updates your Department of Social S		n.
FORM NUMBER AND TITLE See Below CW 215 (12/05) and CW 218	86A (12/05)	
ORDER UNIT MASTER ONLY S Free S	Sold ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised DATE OF FORM 12/05	REPLACES 6/02 and 6/04	Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted 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	Other:	
	POSITION AND SPECIAL INSTRUCTION	NS
Use until exhausted	□ Destroy	
□ When supply available in DSS Warehouse	⊠ Use new form effective	DATE OF THIS NOTICE
SE FORM IN ACCORDANCE WITH		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
CW 215 (12/05) English only - Notification Of Int CW 2186A (12/05) English and Spanish - CalWo AS STATED IN ACL - DESTROY OLD STOCK	ORKs Time Limt and Welfare-to-Work Pa	articipation Exemption Request Form

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

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.