NOTICE OF FORM CHANGE NO. 06-142					DATE
					11/07/2006
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907		
 Community Care Licensing District Offices Private and Public Adoption Agencies] District Attorney] Other		
Listed below is information re	garding a form change. Or	nly applica	ble information is show	/n.	
This notice updates your Dep	artment of Social Services	County F	orms Catalog.		
FORM NUMBER AND TITLE CA 800 C	ERT (9/06) Expenditure C Assistance Cl		-	e Departr	nent
ORDER UNIT MASTER ONLY					INITIAL SUPPLY SENT
New Revised	DATE OF FORM 9/06	REPLACES			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					
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
USPOSITION OF OLD SUPPLY		De	stroy		
USE NEW FORM		🖂 Us	\boxtimes Use new form effective 9/06		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR Attached is a Reproducible C					

This is a Microsoft Excel document and is available on the Financial Services Bureau Automated Assistance Claims Webpage.

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) 651-8871 or by electronic mail at LTS@dss.ca.gov.