NOTICE OF FORM CHANGE NO. 06-143					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. On	ly applica	ble information is show	/n.	
This notice updates your Department of Social Services County Forms Catalog.					
FORM NUMBER AND TITLE CA 800 STEP (9/06) Summary Report of Assistance Expenditures, Supportive Transitional Emancipation Program (STEP) & the Transitional Housing Plus Program (THP-PLUS), Federal					
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	Free Sold			INITIAL SUPPLY SENT
New Revised	DATE OF FORM 9/06	replaces 6/04		Obsolete	
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			Other:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY			stroy		
USE NEW FORM		☐ Use new form effective 9/06			
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR					

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