| NOTICE OF FORM CHANGE NO. 06-154 | | | | 12/21/2006 | |
|--|------------------|--|-----|---------------------|--|
| T0: County Welfare Director Supply Clerk / Forms Coordinator | | FROM: Forms Management Unit (916) 657-1907 | | | |
| | | District Attorney Other | | | |
| Listed below is information regarding a form chang | ge. Only applica | ble information is show | n. | | |
| This notice updates your Department of Social Ser | vices County Fo | orms Catalog. | | | |
| FORM NUMBER AND TITLE PUB 414 - Crisis Nurseries Box | ard of Directors | Booklet | | | |
| ORDER UNIT MASTER ONLY Sol | | | | INITIAL SUPPLY SENT | |
| ☐ New ☐ Revised DATE OF FORM 10/06 | REPLACES 7/05 | | | Obsolete | |
| REQUIRED FORM No Change Permitted Substitute Permitted | | ior DSS Approval | Rec | commended Form | |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 | | Other: | | | |
| FORMS DISPO | SITION AND S | PECIAL INSTRUCTIO | NS | | |
| DISPOSITION OF OLD SUPPLY ⊠ Use until exhausted | | stroy | | | |
| USE NEW FORM ☐ When supply available in DSS Warehouse | | ☐ Use new form effective 10/06 | | | |
| USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify) | | | | | |
| ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/pdf/pub414.pdf | | | | | |