NOTICE OF FORM CH	ANGE NO. 07-084		DATE 12/17/2007	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		(916) 65	FROM: Forms Management Unit (916) 657-1907	
Listed below is information re	garding a form change. C	Only applicable information is sho	own.	
This notice updates your Cal	ifornia Department of Soc	cial Services (CDSS) County Fo	rms Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	DPA 479 (12/07) Admir	nistrative Disqualification Hearin	g Waiver - CalWORKs/Food Stamps	
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT	
New Revised	DATE OF FORM 12/07	REPLACES 4/00	☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-	ted 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: □ INTERNET: □ INTRANET: 		
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCT	IONS	
DISPOSITION OF OLD SUPPLY		Destroy		
E NEW FORM		Use new form effective	ASAP	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/DPA479.pdf

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.