NOTICE OF FORM CHANGE NO. 07-019					DATE
					3/06/2007
TO: County Welfare Director Supply Clerk / Forms Coordinator			FROM: Forms Management Unit (916) 657-1907		
Community Care Licensing District Offices] District Attorney] Other		
Listed below is information re	garding a form change. O	nly applica	ble information is show	vn.	
This notice updates your Dep	artment of Social Services	County F	orms Catalog.		
FORM NUMBER AND TITLE FC 1633E SSI Scree	B (2/07) ening Guide Section B - Fi	nancial Sc	reening		
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT	
New Revised	DATE OF FORM 2/07	REPLACES		Obsolete	
REQUIRED FORM-	REQUIRED FORM-	ed With Pr	ior DSS Approval	Red	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			Other:		
	FORMS DISPOSITIO	ON AND S	PECIAL INSTRUCTIO	ONS	
DISPOSITION OF OLD SUPPLY		De	stroy		
USE NEW FORM		\boxtimes Use new form effective immed		ately	
USE FORM IN ACCORDANCE WITH All County Letter No. 07 Other (specify)	′ -10				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/					

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

For camera-ready copies of English forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.