NOTICE OF FORM CHANGE NO. 07-020					3/06/2007	
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 applicat	ole information is show	vn.		
This notice updates your Dep	artment of Social Services	County Fo	orms Catalog.			
FORM NUMBER AND TITLE FC 16330 SSI Scree	C (2/07) ening Guide Section C - Ap	oplication Ir	nformation			
ORDER UNIT MASTER ONLY				INITIAL SUPPLY SENT ☐ Yes ☐ No		
	DATE OF FORM 2/07	REPLACES			☐ Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Pri	or DSS Approval	Red	commended Form	
UNLESS OTHERWISE SPECIFIED STOO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse		Other:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	stroy			
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective		immed	immediately	
SE FORM IN ACCORDANCE WITH	-10					
ADDITIONAL INFORMATION REGARDING FOR						

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

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