NOTICE OF FORM CHANGE NO. 07-043					DATE	
					04-25-2007	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907			
Listed below is information re-	garding a form chang	ge. Only applica	ble information is show	vn.		
This notice updates your Calif	ornia Department of	Social Services	(CDSS) County Form	s Catalog	(PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	TEMP 2229 (3/07) Important Notice -					
MASTER ONLY ES Sold Sol			PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No		
☐ New ☐ Revised	DATE OF FORM 3/07	REPLACES 9/06		Obsolete		
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted 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: http://www.dss.cahwnet.gov/pdf/temp2229eng_sp.□ INTRANET:			
	FORMS DISPO	SITION AND S	PECIAL INSTRUCTION	ONS		
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Des	stroy			
USE NEW FORM ☐ When supply available in DSS Warehouse		⊠ Use	se new form effective date of this notice			
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	A CHANGE					

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.