NOTICE OF FORM CHANGE NO. 10-018		DATE
		04-20-2010
To:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other	FROM: Forms Manag	ement Unit
Listed below is information regarding a form change. O	Only applicable information is shown.	
This notice updates your California Department of Soc	cial Services (CDSS) County Forms C	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE PUB 109 (3/10) English Welfare Fraud & Abuse		
ORDER UNIT  MASTER ONLY  □ Free  □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  Yes No
☐ New ☐ Revised ☐ New ☐ N	REPLACES 6/09	☐ Obsolete
REQUIRED FORM-  No Change Permitted  Required Form-  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: ☐ INTRANET:	Recommended Form
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY  Use until exhausted	☐ Destroy	
USE NEW FORM  When supply available in DSS Warehouse	Use new form effective	
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)  ACIN I-28-10		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/	PUB109.pdf	
http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish	n/PUB109SP.pdf	

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.
Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

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