NOTICE OF FORM CHANGE NO. 10-020				DATE
				05-10-2010
To: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FROM:	Forms Managen	nent Unit	
Listed below is information re	egarding a form change. Or	nly applicable inform	ation is shown.	
This notice updates your Ca	lifornia Department of Soci	al Services (CDSS)	County Forms Cata	alog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 81 (4/10) Lien Agreement			
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY				☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 4/10	7/01		☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-			_
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form				
UNLESS OTHERWISE SPECIFIED STO	OTHER:			
Department of Social Service P.O. Box 980788	☐ INTERNET:			
West Sacramento, CA 95798-0788		☐ INTRANET:		
	FORMS DISPOSITION	ON AND SPECIAL II	NSTRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy		
USE NEW FORM When supply available in DSS Warehouse		☑ Use new form effective imme		nediately
USE FORM IN ACCORDANCE WITH				
)-23			
Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			
http://www.cdss.ca.gov/cdss	sweb/entres/forms/English/	CW81.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.