NOTICE OF FORM CHANGE NO. 10-037					DATE	
		•			09/01/2010	
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit			
Listed below is information re	egarding a form chang	e. Only appli	cable information is show	vn.		
This notice updates your Ca	lifornia Department of	Social Service	ces (CDSS) County Form	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	,	, -	-	•	nt Information For The Cash cal Services Program (CMSI	
ORDER UNIT		ESTIMATE	ED PRICE		INITIAL SUPPLY SENT	
SET	☐ Free ☐ Sol				☐ Yes ☐ No	
☐ New ☐ Revised	8/10	1/07	8		Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
No Change Permitted     No Change Permitted	☐ Substitute Pe		Prior DSS Approval		commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			☐ OTHER:			
Department of Social Services Warehouse			☐ INTERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPO	SITION AND	SPECIAL INSTRUCTIO	NS		
Use until exhausted			☐ Destroy			
USE NEW FORM  ☐ When supply available in DSS Warehouse			$oxtimes$ Use new form effective $\underline{imr}$		diately	
USE FORM IN ACCORDANCE WITH						
☑ All County Letter No. 10	)-40					
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
http://www.cdss.ca.gov/cdss	web/entres/forms/Eng	lish/SAWS2A	NQR.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.