NOTICE OF FORM CHANGE NO. 10-049			DATE
	10010		12-07-2010
District Attorney			lanagement Unit
Listed below is information re	garding a form change. C	Only applicable information is sho	own.
This notice updates your Ca	lifornia Department of So	cial Services (CDSS) County Fo	orms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SSP 18 (10/10) English Notice Of Action And R	n and Spanish Right To Request A State Hearing	ng On Interim Assistance
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☐ Free ☐ Sold	REPLACES	☐ Yes ☐ No
\square New \boxtimes Revised	10/10	3/08	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permi	itted 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:	
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCT	TIONS
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destroy	
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective	see ACIN I-92-10
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) htt	p://www.cdss.ca.gov/lette	ersnotices/entres/getinfo/acin/20	010/I-92_10.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English	/ssp18.pdf	
http://www.cdss.ca.gov/cdss	web/entres/forms/Spanish	h/ssp18sp.pdf	

Spanish will be posted at a later time.

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.