NOTICE OF FORM CHANGE NO. 10-051		DATE
		12-24-2010
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Managen	nent Unit
Listed below is information regarding a form change. On	lly applicable information is shown.	
This notice updates your California Department of Socia	al Services (CDSS) County Forms Cat	alog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE DPS 249 (12/10) Welfare Intercept System	n County Transaction Document	
ORDER UNIT MASTER ONLY Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
□ New □ Revised □ 12/10	REPLACES 8/08	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form		
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER:		
Department of Social Services Warehouse P.O. Box 980788	⊠ INTERNET:	
West Sacramento, CA 95798-0788	☐ INTRANET:	
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 dat	e of this notice
USE FORM IN ACCORDANCE WITH		
☐ All County Letter No.		
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/D	0PS249.PDF	

Print Form: 11 x 8 1/2, one side

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.