NOTICE OF FORM CHA	DATE		
			03-21-2011
County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		agement Unit
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your Cal	ifornia Department of Soc	cial Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SSP 14 (9/10) Authorization For Reimbursement Of Interim Assistance Initial Claim Or Posteligibility Case			
ORDER UNIT	M 5	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold	REPLACES	☐ Yes ☐ No
$\square$ New $\boxtimes$ Revised	9/10	3/08	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  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	see I-92-10
USE FORM IN ACCORDANCE WITH			
☐ All County Letter No.			
Other (specify) http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2010/I-92_10.pdf			
ADDITIONAL INFORMATION REGARDING FORM CHANGE			
http://www.cdss.ca.gov/cdssweb/entres/forms/English/SSP14.pdf			

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SSP14SP.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.