NOTICE OF FORM CHANGE NO. 11-050				DATE	
				04-13-2011	
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FROM:	Forms Manageme	nt Unit		
Listed below is information re	egarding a form change. C	only applicable inform	nation is shown.		
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS)	County Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	TEMP 2234 (4/09), TEM	MP 2160 (6/03) and 1	TEMP 2160A (6/03)		
ORDER UNIT				INITIAL SUPPLY SENT	
MASTER ONLY	☐ Free ☐ Sold			☐ Yes ☐ No	
☐ New ☐ Revised	DATE OF FORM	REPLACES		⊠ Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permi	tted With Prior DSS A	Approval 🗌 Re	ecommended Form	
UNLESS OTHERWISE SPECIFIED STO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	ces Warehouse	☐ OTHER: ☐ INTERNET: ☐ INTRANET:	☐ INTERNET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY	FURING DISPUSITI	ON AND SPECIAL I	NSTRUCTIONS		
Use until exhausted		□ Destroy			
USE NEW FORM ☐ When supply available in DSS Warehouse		Use new for	se new form effective		
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
These three forms are obsole	ete.				
These forms are replaced by	TEMP 2250 and TEMP 2	252, please refer to	ACL 11-29.		

GEN 127 (3/02)