NOTICE OF FORM CHANGE NO. 11-055			DATE
			05-06-2011
To: County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		nagement Unit
Listed below is information re	garding a form change. O	Only applicable information is show	/n.
This notice updates your Cal	ifornia Department of Soc	cial Services (CDSS) County Forn	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP 2251 (4/11) Eng	ylish and Spanish n CalWORKs Starting July 1, 201	
ORDER UNIT ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☐ No
⊠ New ☐ Revised	DATE OF FORM 4/11	REPLACES	☐ 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			
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective see ACIN I-24-11			
USE FORM IN ACCORDANCE WITH All County Letter No.			
Other (specify)	4-11		
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English	/TEMP2251.pdf	
http://www.cdss.ca.gov/cdssv	web/entres/forms/Spanish	n/TEMP2251_SP.pdf	
http://www.cdss.ca.gov/letter	snotices/entres/getinfo/ac	sin/2011/I-24_11.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.