NOTICE OF FORM CHANGE NO. 11-059			DATE 05-06-2011
TO: County Welfare Dir Supply Clerk / Forn Community Care Li District Attorney Private and Public J Other	ns Coordinator icensing District Offices	FROM: Forms Ma	anagement Unit
Listed below is information re	garding a form change. Or	nly applicable information is sho	wn.
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County For	ms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	Please see list below for	revised forms	
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
	date of form 4/11 REQUIRED FORM-	REPLACES Old revisions	□ Obsolete
No Change Permitted		ed 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		<ul> <li>□ OTHER:</li> <li>☑ INTERNET:</li> <li>□ INTRANET:</li> </ul>	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCT	ONS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		⊠ Use new form effective	refer to ACL 11-33
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/letter	snotices/entres/getinfo/acl/201	I/11-33.pdf
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE		
CW 2184 (4/11) CalWORKs 4 http://www.cdss.ca.gov/cdssv			
CW 2187 (4/11) Your CalWO http://www.cdss.ca.gov/cdssv		Information About Your CalWC	RKs 48-Month Time Clock
TEMP CW 2186A (4/11) Calv http://www.cdss.ca.gov/cdssv		Ifare-To-Work Participation Exe TEMPCW2186A.pdf	mption Request Form
Camera-ready copies are cur http://www.dss.cahwnet.gov/c Form information on forms no	cdssweb/FormsandPu_271		dss.ca.gov.
Contact Language Services f	or other languages at (916	651-8876 or by e-mail at LTS	@dss.ca.gov.