NOTICE OF FORM CHANGE NO. 11-064			DATE
			06-27-2011
District Attorney			anagement Unit
Listed below is information r	egarding a form change	. Only applicable information is sho	own.
This notice updates your Ca	alifornia Department of S	Social Services (CDSS) County For	rms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CVV 2189 (6/11)	ORKs Time Limit - 42nd Month On	n Aid
ORDER UNIT		ESTIMATED PRICE	
MASTER ONLY	Free Sold		🗌 Yes 🛛 No
oxtimes New $oxtimes$ Revised	DATE OF FORM 6/11	REPLACES	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-	mitted 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			
		INTRANET:	
	FORMS DISPOS	ITION AND SPECIAL INSTRUCTI	IONS
SPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		Use new form effective	July 1, 2011
All County Letter No. 1	1-40		
Other (specify)			
ADDITIONAL INFORMATION REGARDING FC	DRM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/Engli	sh/CW2189.PDF	
http://www.cdss.ca.gov/lette	renotices/entres/actinfo	/2cl/2011/11-40 pdf	
map.// www.cuss.ca.yov/lette	าวกอแอะอ/ธาณะอ/yะแทบ/	au/2011/11-40.pul	

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.