NOTICE OF FORM CHANGE NO. 11-065				DATE
			(	06-27-2011
District Attorney		FROM: Forms Man	agement	Unit
Listed below is information re	garding a form change. C	Only applicable information is show	n.	
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Form	s Catalog (	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 2190A (6/11) CalWORKs 48-Month 1	Fime Limit Extender Request Form		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		ITIAL SUPPLY SENT  Yes  No
☐ New ☐ Revised	DATE OF FORM 6/11	REPLACES 6/04		Obsolete
REQUIRED FORM-  REQUIRED FORM-				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
Use until exhausted		⊠ Destroy		
USE NEW FORM  When supply available in DSS Warehouse		$oxed{\boxtimes}$ Use new form effective	July 1, 2	011
USE FORM IN ACCORDANCE WITH  All County Letter No. 11  Other (specify)	-40			
ADDITIONAL INFORMATION REGARDING FOI http://www.cdss.ca.gov/cdss		/CW2190A.PDF		

http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-40.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.