NOTICE OF FORM CHANGE NO. 11-066			DATE
			06-27-2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Mana	gement Unit
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).			
FORM NUMBER, REVISION DATE AND TITLE CW 2190B (6/11) CalWORKs 48-Month Time Limit Extender Determination Denial Form			
ORDER UNIT	N Fara	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold	PER 4050	☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 6/11	REPLACES 6/04	☐ Obsolete
REQUIRED FORM- No Change Permitted Required Form- 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 DISPOSITION AND SPECIAL INSTRUCTIONS			
DISPOSITION OF OLD SUPPLY Use until exhausted		□ Destroy	
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective	July 1, 2011
See FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)	11-40		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW2190B.PDF			
Titip://www.cubb.cu.gov/cubbweb/effites/forms/Effglish/Ovv2150D.FDI			

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.