NOTICE OF FORM CHANGE NO. 11-067			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 Manager	ment 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 2191 (6/11) Time On Aid Verification For CalWORKs/TANF 48-Month Time Limits			
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
□ New ⊠ Revised	date of form 6/11	replaces 6/04	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted 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			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM		\boxtimes Use new form effective <u>Ju</u>	ly 1, 2011
USE FORM IN ACCORDANCE WITH All County Letter No.	11-40		
additional information regarding form change http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW2191.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.