NOTICE OF FORM CHANGE NO. 11-073			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			igement Unit
Listed below is information re	egarding a form change. O	nly applicable information is shown	
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	WTW 16A (6/11)		
	. ,	ne Examples For Region 1	
ORDER UNIT MASTER ONLY	🖾 Free 🗌 Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
□ New	DATE OF FORM 6/11	replaces 6/06	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ted With Drier DSS Approval	Recommended Form
□ No Change Permitted □ 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			
		ON AND SPECIAL INSTRUCTION	<u> </u>
DISPOSITION OF OLD SUPPLY			.
Use until exhausted		⊠ Destroy	
use New FORM ☐ When supply available in DSS Warehouse		$oxed{\boxtimes}$ Use new form effective	July 1, 2011
USE FORM IN ACCORDANCE WITH All County Letter No. 1	1-40		
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	wtw16a.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.