NOTICE OF FORM CHANGE NO. 11-075		DATE 07-07-2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District C District Attorney Private and Public Adoption Agencie Other	Offices	nagement Unit
Listed below is information regarding a form char	nge. Only applicable information is show	vn.
This notice updates your California Department	of Social Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE CW 101 (6/11) Er CalWORKs Immu	nglish and Spanish unization Rules	
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Sold REPLACES	☐ Yes ☐ No
☐ New ☐ Revised 6/11	KEFLACES	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- REQUIRED FORM- REQUIRED FORM-	Downsitte d With Drien DCC Amanage	M D
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	Permitted With Prior DSS Approval OTHER:	Recommended Form
Department of Social Services Warehouse	☐ INTERNET:	
P.O. Box 980788 West Sacramento, CA 95798-0788	☐ INTRANET:	
FORMS DISP DISPOSITION OF OLD SUPPLY	POSITION AND SPECIAL INSTRUCTION	NS
Suse until exhausted	☐ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse	☐ Use new form effective	when feasible
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
This was originally TEMP CW 101, the only char	nge was TEMP was removed and form i	s now CW 101.
http://www.cdss.ca.gov/cdssweb/entres/forms/En	nglish/CW101.pdf	
http://www.cdss.ca.gov/cdssweb/entres/forms/Sp	panish/CW101SP.pdf	
Camera-ready copies are currently available on http://www.dss.cahwnet.gov/cdssweb/Formsand Form information on forms not listed in the catalog.	IPu_271.htm.	ss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.

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