NOTICE OF FORM CHANGE NO. 11-115			DATE
			10-21-2011
To:     County Welfare Director     Supply Clerk / Forms Coordinator     Community Care Licensing District Offices     District Attorney     Private and Public Adoption Agencies     Other			nagement Unit
Listed below is information re	garding a form change. C	Only applicable information is show	rn.
This notice updates your Cal	ifornia Department of Soc	cial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	CW 2166 (9/11) Multilir Work Really Pays! Here	ngual e's How - Work Pays Notice	
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ☒ No
☐ New ☐ Revised	DATE OF FORM 9/11	REPLACES 4/10	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ttod Mith Drian DCC Amproval	⊠ Recommended Form
□ No Change Permitted		tted With Prior DSS Approval  OTHER:	A Recommended Form
UNLESS OTHERWISE SPECIFIED STOR  Department of Social Service			
P.O. Box 980788	ocs Warehouse		
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCTIO	NS
Use until exhausted		⊠ Destroy	
USE NEW FORM  ☐ When supply available in DSS Warehouse		☐ Use new form effective	see ACL 11-65
Other (specify)		ersnotices/entres/getinfo/acl/2011/	11-65.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CW2166.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.