NOTICE OF FORM CH	DATE		
			10-21-2011
District Attorney		FROM: Forms Management Unit	
Listed below is information re	egarding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	WTW 15 (9/11) Simplified Food Stamp F	Program Unpaid Work Experience	INITIAL SUPPLY SENT
MASTER ONLY	🛛 Free 🛛 Sold	ESTIMATED PRICE	
□ New ⊠ Revised	date of form 9/11	REPLACES 12/05	□ Obsolete
	REQUIRED FORM-		
No Change Permitted Substitute Permitte		ted With Prior DSS Approval	Recommended Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		$\square$ INTERNET:	
		ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
ISE NEW FORM		$oxed{\boxtimes}$ Use new form effective	see ACL 11-65
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/entres/getinfo/acl/2011/	11-65.pdf
ADDITIONAL INFORMATION REGARDING FO			
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	WTW15.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.