NOTICE OF FORM CHANGE NO. 11-119					DATE	
					10-27-2011	
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinato icensing Distr	ict Offices	FROM: F	orms Manageme	ent Unit	
Listed below is information re	garding a form	change. On	ly applicable informati	on is shown.		
This notice updates your Ca	lifornia Departn	nent of Socia	al Services (CDSS) Co	ounty Forms Catal	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE			h and Spanish n Requirements			
ORDER UNIT			ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY		Sold				
igtimes New $igcap$ Revised	DATE OF FORM 8/11		REPLACES		□ Obsolete	
REQUIRED FORM-	REQUIRED FORM		ed With Prior DSS App	proval 🗌 R	ecommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			 □ OTHER: ⊠ INTERNET: □ INTRANET: 	INTERNET:		
	FORMS	DISPOSITIO	N AND SPECIAL INS	TRUCTIONS		
ISPOSITION OF OLD SUPPLY		Destroy				
^{USE NEW FORM} When supply available in DSS Warehouse			$oxtimes$ Use new form ϵ	effective refer	refer to ACL 11-60	
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.c	a.gov/letters	snotices/entres/getinfo	/acl/2011/11-60.p	df	
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
http://www.cdss.ca.gov/cdssv	web/entres/form	ns/English/T	EMPCL2.pdf			
http://www.cdss.ca.gov/cdss	web/entres/form	ns/Spanish/ ⁻	FEMPCL2SP.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.