NOTICE OF FORM CHANGE NO. 11-121			DATE
			10-27-2011
District Attorney			nagement Unit
Listed below is information re	garding a form change. C	Only applicable information is show	vn.
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Form	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	TEMP CL 8 (8/11) Engl Welfare-to-Work Teen I	lish and Spanish Parent Notice Of Report Card Sub	mittal Schedule
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	
New Revised	date of form 8/11	REPLACES	□ Obsolete
REQUIRED FORM- No Change Permitted  Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<ul> <li>□ OTHER:</li> <li>☑ INTERNET:</li> <li>□ INTRANET:</li> </ul>	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
DISPOSITION OF OLD SUPPLY		☐ Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	refer to ACL 11-60
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/lette	ersnotices/entres/getinfo/acl/2011/	11-60.pdf
ADDITIONAL INFORMATION REGARDING FOI		/TEMPCL8.pdf	
http://www.cdss.ca.gov/cdss	web/entres/forms/Spanish	n/TEMPCL8SP.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.