NOTICE OF FORM CHANGE NO. 11-125						DATE	
						10-27-2011	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Mar	nageme	nt Unit	
Listed below is information re	garding a form	change. Or	nly applica	able information is show	/n.		
This notice updates your Cal	lifornia Departr	nent of Soci	al Service	es (CDSS) County Form	ns Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	TEMP WTW Welfare-to-V	` ,	m Notice				
ORDER UNIT			ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY ☐ Free ☐ Sold					☐ Yes ☐ No		
⊠ New ☐ Revised	DATE OF FORM 8/11		REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FOR			500 4			
				d With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse				OTHER:			
P.O. Box 980788				⊠ INTERNET:			
West Sacramento, CA 95798-0788				☐ INTRANET:			
	FORMS	DISPOSITIO	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted				☐ Destroy			
USE NEW FORM When supply available in DSS Warehouse				☐ Use new form effective refer to ACL 11-60			
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.c	ca.gov/letter	snotices/e	entres/getinfo/acl/2011/	11-60.pd	lf	
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMPWTW5.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.