NOTICE OF FORM CHANGE NO. 13-001					DATE
					12-26-2012
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	ageme	nt Unit
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your Cal	ifornia Department of Soci	al Service	es (CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE WTW 2 (12/12) Welfare-To-Work Plan Activity Assignment					
ORDER UNIT			PRICE		INITIAL SUPPLY SENT
MASTER ONLY ☐ Free ☐ Sold					☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 12/12	REPLACES 12/05		☐ Obsolete	
REQUIRED FORM- REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form					
			HER:		
Department of Social Services Warehouse P.O. Box 980788			⊠ INTERNET:		
West Sacramento, CA 95798-0788			☐ INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy					
□ When supply available in DSS Warehouse			se new form effective Refer to ACL 12-67		
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	p://www.cdss.ca.gov/letter	snotices/e	entres/getinfo/acl/2012/	12-67.pd	f
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/WTW2.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.