

## DEPARTMENT OF HEALTH SERVICES

714/744 P STREET  
SACRAMENTO, CA 95814

July 5, 1985

To: All County Welfare Directors  
County Administrative Officers

Letter No. 85-50

## DHS 2031 "FORM ORDER"

The purpose of this letter is to inform you that beginning August 1, 1985, the Medi-Cal Eligibility Branch will no longer be responsible for processing the "Forms Order" (DHS 2031). Counties will mail the DHS 2031 directly to the Department of Health Services (DHS) Warehouse, 1723 20th Street, Sacramento, CA 95814.

To ensure efficient and timely processing of the DHS 2031, please follow the guidelines listed below:

- o Enter complete name and street address of your Department or Agency. P. O. Box numbers are not acceptable.
- o Enter the telephone number and authorized signature of the individual responsible for your order.
- o Date the form DHS 2031.
- o List all forms in alpha/numeric order. Booklets, pamphlets and brochures must be listed by title in English word for word as it appears on the cover.
- o Give the monthly usage of each form ordered and stock on hand. Failure to provide this information will result in your order being cancelled and returned.
- o Attach at least two (2) preaddressed mailing labels for shipping your order.

All counties must submit to the DHS Warehouse no later than August 31, 1985, the name and phone number of their forms coordinator and the name of the person(s) authorized to sign-off on the DHS 2031.

The Warehouse personnel will return incomplete form orders to the county forms coordinator for completion. No more than a three (3) month supply of any form will be issued for one order request.

All County Welfare Directors -2-  
County Administrative Officers

For inquiries regarding additional DHS Warehouse policy or requirements, phone the Warehouse at (916) 445-5870 or ATSS 485-5870.

Sincerely

Original signed by

Tom J. Elkin, Acting Chief  
Medi-Cal Eligibility Branch

Expiration Date: January 5, 1987