

NOTICE OF FORM CHANGE NO. 14-096

DATE

10/14/2014

TO:
County Welfare Director
Supply Clerk / Forms Coordinator
Community Care Licensing District Offices
District Attorney
Private and Public Adoption Agencies
Other

FROM:
Forms Management Unit

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE **TEMP 3000 IHSS Program Overtime And Workweek Requirements Recipient Declaration**

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 9/14	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM- 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

OTHER:
 INTERNET:
 INTRANET:

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective Refer to ACL 14-76

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP3000.pdf>

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-76.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.