

**NOTICE OF FORM CHANGE NO. 14-108**

DATE

12/1/2014

**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    **SOC 2257A (10/14) - In-Home Supportive Services Program Notice To Recipient Of Provider's First/Second Violation For Exceeding Workweek And/Or Travel Time Limits**

ORDER UNIT	<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 10/14	REPLACES	<input type="checkbox"/> <b>Obsolete</b>

REQUIRED FORM-

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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

USE FORM IN ACCORDANCE WITH

 All County Letter No. 14-76 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2257A.pdf>

[http://inet.dss.ca.gov/wm7\\_landn/EntRes/getinfo/acl/2014/14-76.pdf](http://inet.dss.ca.gov/wm7_landn/EntRes/getinfo/acl/2014/14-76.pdf)