NOTICE OF FORM CHANGE NO. 15-45		DATE
•		02/10/2015
To: County Welfare Director Supply Clerk / Forms Coordinate Community Care Licensing Distr District Attorney Private and Public Adoption Age Other	or rict Offices	lanagement Unit
Listed below is information regarding a form	change. Only applicable information is sh	nown.
This notice updates your California Department	nent of Social Services (CDSS) County Fo	orms Catalog (PUB 69).
,	/11) - In-Home Supportive Services Progra ncomplete Provider Process	am Notice To Recipient Of Provider
	Sold	☐ Yes ☒ No
New Revised DATE OF FORM 1/11	REPLACES 10/14	Obsolete
REQUIRED FORM- REQUIRED FOR		, , , , , , , , , , , , , , , , , , ,
☐ No Change Permitted ☐ Substitute P	I —	ecommended Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		
	DISPOSITION AND SPECIAL INSTRUCT	TIONS
DISPOSITION OF OLD SUPPLY	DISPOSITION AND SPECIAL INSTRUC	TIONS
Use until exhausted	Destroy	
use NEW FORM When supply available in DSS Warehou	use 🛮 Use new form effective	Refer to ACL
USE FORM IN ACCORDANCE WITH All County Letter No. ACL 15-10		
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/fo	orms/English/SOC855.pdf	
http://www.cdss.ca.gov/lettersnotices/Entl	Res/getinfo/acl/2015/15-10.pdf	
Removal of SOC 855 10/14 reposting of S	SOC 8551/11 version.	
Camera-ready copies are currently available http://www.dss.cahwnet.gov/cdssweb/Form		

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.

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