| NOTICE OF FORM CHANGE NO. 16-009  |                           | DATE                                    |
|---|---------------------------|---|
|   |                           | 01/26/2016                              |
| To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other  | FROM:<br>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 See below  |                           |   |
| MASTER ONLY    Stree  | PLACES [                  | NITIAL SUPPLY SENT Yes No Obsolete Form |
| FORMS DISPOSITION AND SPECIAL INSTRUCTIONS  |                           |   |
| DISPOSITION OF OLD SUPPLY   |                           |   |
| Use until exhausted Destroy   |                           |   |
| ☐ When supply available in DSS Warehouse ☐ Use new form effective ☐ Refer to ACL  |                           |   |
| use Form IN ACCORDANCE WITH  All County Letter No. ACL 16-07  Other (specify)   |                           |   |
| ADDITIONAL INFORMATION REGARDING FORM CHANGE  |                           |   |
| http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2279.pdf SOC 2279 (1/16) - In-Home Supportive Services (IHSS) Program Live-In Family Care Provider Overtime Exemption  |                           |   |
| http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP3007.pdf TEMP 3007 (1/16) - In-Home Supportive Services (IHSS) Program Live-In Provider Overtime Exemption - Recipient Notice http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP3008.pdf TEMP 3008 (1/16) - In-Home Supportive Services (IHSS) Program Live-In Provider Overtime Exemption - Provider |                           |   |
| 12.141 Code (1/10) III Floride Capporave Colvides (IIICC) Flogram Elve III Floride Cverame Exemplien Floride  |                           |   |
| http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-07.pdf   |                           |   |
| Camera-ready copies are currently available on the CDSS http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.ht Form information on forms not listed in the catalog, you may   | tm.                       |   |
| Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.   |                           |   |