| NOTICE OF FORM CHANGE NO. 16-010  |  |                        |                                    |                  |                               |  |
|---|--|------------------------|------------------------------------|------------------|-------------------------------|--|
|   |  |                        |                                    |                  | DATE 02/5/2016                |  |
| District Attorney   |  | ;                      | FROM:<br>For                       | ms Managemer     | nt Unit                       |  |
| Listed below is information re  | egarding a form change. O  | nly applic             | ⊥<br>able informatior              | n is shown.      |                               |  |
| This notice updates your Ca   | lifornia Department of Soc   | ial Service            | es (CDSS) Cou                      | nty Forms Catalo | g (PUB 69).                   |  |
| FORM NUMBER, REVISION DATE AND TITLE  | See below  |                        |                                    |                  |                               |  |
| ORDER UNIT MASTER ONLY  |  | ESTIMATED REPLACES     | ESTIMATED PRICE                    |                  | INITIAL SUPPLY SENT  Yes X No |  |
| ☐ New ☐ Revised   | 2/16   | 1/16                   |                                    |                  | Obsolete                      |  |
| REQUIRED FORM-  No Change Permitted   | REQUIRED FORM-  Substitute Permitted W   | /ith Prior D           | SS Approval                        | Recommende       | d Form                        |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 |  | ⊠ INT                  | ☐ OTHER:  ☑ INTERNET:  ☐ INTRANET: |                  |                               |  |
|   | FORMS DISPOSITI  | ON AND                 | SPECIAL INST                       | RUCTIONS         |                               |  |
| Use until exhausted   |  | ☐ De                   | estroy                             |                  |                               |  |
| use NEW FORM  ☐ When supply available in DSS Warehouse ⊠ Use new form effective Immediately   |  |                        |                                    |                  |                               |  |
| USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)   |  |                        |                                    |                  |                               |  |
| http://www.cdss.ca.gov/cds<br>TEMP 3007 (2/16) - In-Hom<br>http://www.cdss.ca.gov/cds<br>TEMP 3008 (2/16) - In-Hom                      | sweb/entres/forms/English<br>ne Supportive Services (IH<br>sweb/entres/forms/English | ISS) Progi<br>n/TEMP30 | ram Live-In Pro                    |                  |                               |  |
| Camera-ready copies are cu<br>http://www.dss.cahwnet.gov/<br>Form information on forms no   | cdssweb/FormsandPu_27  | 71.htm.                |                                    | udss@dss.ca.gov  | <b>'</b> .                    |  |
| Contact Language Services   | for other languages at (91   | 6) 651-88              | 76 or by e-mail                    | at LTS@dss.ca.d  | ov.                           |  |