NOTICE OF FORM CHANGE NO. 16-039			2475	
			04/05/2016	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Managemen	ut Unit	
Listed below is information regarding a form change. On	ly applica	able information is shown.		
This notice updates your California Department of Socia	al Service	es (CDSS) County Forms Catalog	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE See below.				
ORDER UNIT	ESTIMATED	PRICE	INITIAL SUPPLY SENT Yes No	
New Revised 1/16 REQUIRED FORM- No Change Permitted Substitute Permitted With	REPLACES		Obsolete	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		h Prior DSS Approval Recommended Form OTHER: INTERNET: INTRANET:		
	N AND S	SPECIAL INSTRUCTIONS		
Use until exhausted	_ De	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective Refer To ACL				
USE FORM IN ACCORDANCE WITH				
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.cdss.ca.gov/cdssweb/entres/forms/English/S SOC 2266 (1/16) - In-Home Supportive Services Progra Weekly Hours		•	eption To Exceed	
http://www.cdss.ca.gov/cdssweb/entres/forms/English/S SOC 2266A (1/16) - In-Home Supportive Services Prog Weekly Hours		•	eption To Exceed	
http://www.cdss.ca.gov/cdssweb/entres/forms/English/SSOC 2267A (1/16) - In-Home Supportive Services Prog Hours			tion To Exceed Weekly	
Camera-ready copies are currently available on the CDS http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271 Form information on forms not listed in the catalog, you remaind the catalog of t	.htm.			