NOTICE OF FORM CHANGE NO. 16-048				DATE	
				4/21/2016	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Manageme	ent Unit	
Listed below is information re	garding a form change. On	nly applica	ble information is shown.		
This notice updates your Cal	fornia Department of Socia	al Service	s (CDSS) County Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE See below for Home Care Services (HCS) Forms					
ORDER UNIT MASTER ONLY New Revised REQUIRED FORM- No Change Permitted	Free Sold DATE OF FORM 12/15 REQUIRED FORM- Substitute Permitted With	REPLACES th Prior D		INITIAL SUPPLY SENT ☐ Yes No ☐ Obsolete ed Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		ОТН			
Department of Social Services Warehouse P.O. Box 980788		⊠ INTE	X INTERNET:		
West Sacramento, CA 95798-0788					
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
Use until exhausted		☐ Des	stroy		
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)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE					
HCS 001 (12/15) - Home Care Organization Suboffice Request http://www.cdss.ca.gov/cdssweb/entres/forms/English/HCS001.pdf					
HCS 105 (12/15) - Home Care Aide Registry Request For Name/Address Change http://www.cdss.ca.gov/cdssweb/entres/forms/English/HCS105.pdf					
Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.					
Contact Language Services f	or other languages at (916)) 651-887	6 or by e-mail at LTS@dss.ca.ç	gov.	