NOTICE OF FORM CHANGE NO. 16-049			DATE 4/21/2016
TO: County Welfare Director Supply Clerk / Forms Co Community Care Licens District Attorney Private and Public Adop Other	oordinator ing District Offices	FROM: Forms Managemer	nt Unit
Listed below is information regardir	ng a form change. Only a	pplicable information is shown.	
This notice updates your California	Department of Social Se	ervices (CDSS) County Forms Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE HCS	S 501 (9/15) - Personnel	Record	
ORDER UNIT		IMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY DATE OF		LACES	☐ Yes 🔀 No
New Revised 9/15	- FORIVI REPI	LACES	Obsolete
<u> </u>	EQUIRED FORM-	sian DCC Assessed Danages and	d F
No Change Permitted	bstitute Permitted With Pi	rior DSS Approval	a Form
Department of Social Services Warehouse		INTERNET:	
P.O. Box 980788			
West Sacramento, CA 95798-0788	<u> </u>	INTRANET:	
	FORMS DISPOSITION A	AND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy	
USE NEW FORM When supply available in DSS	Warehouse ⊠ Use nev	v form effective immed	diately
USE FORM IN ACCORDANCE WITH		_	
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FORM CHAN	GE		
http://www.cdss.ca.gov/cdssweb/er	ntres/forms/English/HCS	501.pdf	
Camera-ready copies are currently http://www.dss.cahwnet.gov/cdssw Form information on forms not liste	eb/FormsandPu_271.htm		

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.