NOTICE OF FORM CHANGE NO. 16-051				DATE
				4/26/2016
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	FROM:	Forms Manageme	nt Unit	
Listed below is information re	garding a form change. O	nly applicable informa	ation is shown.	
This notice updates your Cal	ifornia Department of Soci	ial Services (CDSS)	County Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	See below for HCS 100			
ORDER UNIT MASTER ONLY	Kree Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT
New X Revised	DATE OF FORM 12/15	REPLACES 10/15		Obsolete
REQUIRED FORM-	REQUIRED FORM-	ith Prior DSS Approv	al Recommende	d Form
UNLESS OTHERWISE SPECIFIED STOR				
Department of Social Services Warehouse				
P.O. Box 980788 West Sacramento, CA 95798-0788				
	FORMS DISPOSITI	ON AND SPECIAL IN	NSTRUCTIONS	
DISPOSITION OF OLD SUPPLY		Destroy		
USE NEW FORM	DSS Warehouse 🛛 Use	e new form effective	immed	diately
USE FORM IN ACCORDANCE WITH				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
HCS 100 (12/15) - Application http://www.cdss.ca.gov/cdss	-	•		

HCS 100 (10/15) Revised - no GEN 127 posting for this previously approved versic	n
HCS 100 (9/15) New - No GEN 127 posting for this prior approved version	

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