| NOTICE OF FORM CHANGE NO. 16-054  |                             |             |                        |           | DATE                |
|---|-----------------------------|-------------|------------------------|-----------|---------------------|
|   |                             |             |                        |           | 5/2/2016            |
| TO:<br>County Welfare Director<br>Supply Clerk / Forms Coordinator<br>Community Care Licensing District Offices<br>District Attorney<br>Private and Public Adoption Agencies<br>Other |                             |             | FROM:<br>Forms M       | anagemei  | nt Unit             |
| Listed below is information re  | garding a form change. On   | ly applicat | ole information is sho | wn.       |                     |
| This notice updates your Cal  | ifornia Department of Socia | al Services | (CDSS) County For      | ms Catalo | g (PUB 69).         |
| FORM NUMBER, REVISION DATE AND TITLE  | HCS 500 (4/16) - Registe    | ered Home   | e Care Aide Training   | Log       |                     |
| ORDER UNIT<br>MASTER ONLY   | 🗙 Free 🗌 Sold               | ESTIMATED F | ESTIMATED PRICE        |           | INITIAL SUPPLY SENT |
| New Revised   | DATE OF FORM<br>4/16        | REPLACES    |                        |           | Obsolete            |
| REQUIRED FORM-  | REQUIRED FORM-              |             |                        |           |                     |
| No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form   |                             |             |                        |           |                     |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:   |                             | U OIH       | ER:                    |           |                     |
| Department of Social Services Warehouse<br>P.O. Box 980788  |                             | INTERNET:   |                        |           |                     |
| West Sacramento, CA 95798-0788  |                             |             | ANET:                  |           |                     |
| FORMS DISPOSITION AND SPECIAL INSTRUCTIONS  |                             |             |                        |           |                     |
| DISPOSITION OF OLD SUPPLY   |                             | Des         | troy                   |           |                     |
| USE NEW FORM  |                             |             |                        |           | diately             |
| USE FORM IN ACCORDANCE WITH   |                             |             |                        |           |                     |
| All County Letter No.   |                             |             |                        |           |                     |
| Other (specify)   |                             |             |                        |           |                     |
| ADDITIONAL INFORMATION REGARDING FOR  | RM CHANGE                   |             |                        |           |                     |
|   |                             |             |                        |           |                     |

http://www.cdss.ca.gov/cdssweb/entres/forms/English/HCS500.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.