NOTICE OF FORM ON A 10 A 1			
NOTICE OF FORM CHANGE NO. 16-066			DATE
			06/15/2016
TO: County Welfare Director Supply Clerk / Forms Coordinator		FROM: Forms Management Unit	
Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			
Listed below is information regarding a form chan	ge Only applica	hble information is shown	
This notice updates your California Department of			og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE See Below			
ORDER UNIT MASTER ONLY	ESTIMATED	PRICE	INITIAL SUPPLY SENT Yes No
New ☐ Revised	REPLACES		Obsolete
REQUIRED FORM-	l		1
☐ No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER:			
Department of Social Services Warehouse	⋈ INTE	FRNFT [.]	
P.O. Box 980/88		RANET:	
FORMS DISPO	OSITION AND S	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY			
Use until exhausted	Des	stroy	
USE NEW FORM When supply available in DSS Warehouse X Use new form effective Refer to ACL			
use form in accordance with X All County Letter No. 16-36			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FORM CHANGE			
http://www.cdss.ca.gov/cdssweb/entres/forms. SOC 2272A (4/16) - In-Home Supportive Service Violation Review			ent Of Receipt Of County
http://www.cdss.ca.gov/cdssweb/entres/forms, SOC 2272B (4/16) - In-Home Supportive Servic For County Violation Review For Exceeding Wor	es Program Not	ice To Recipient Acknowledgem	nent Of Provider's Request

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.