NOTICE OF FORM CH	ANGE NO. 16-067			DATE
		1		06/15/2016
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other		ROM: Forms Manageme	ent Unit	
Listed below is information re	egarding a form change. Or	nly applicable	information is shown.	
This notice updates your Ca	lifornia Department of Soci	ial Services (C	DSS) County Forms Catal	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	See Below			
		ESTIMATED PRICE	1	
MASTER ONLY	ATE OF FORM	REPLACES		
New X Revised	3/16	10/14		Obsolete
REQUIRED FORM-	REQUIRED FORM-	ith Drian DCC		ad Form
UNLESS OTHERWISE SPECIFIED STO		Prior DSS Approval Recommended Form		
Department of Social Service		X INTERNET:		
P.O. Box 980788 West Sacramento, CA 9579	8-0788			
West Sacramento, CA 95798-0788			E1:	
	FORMS DISPOSITIO	ON AND SPE	CIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY		Destroy	/	
USE NEW FORM				r to ACL
USE FORM IN ACCORDANCE WITH				
X All County Letter No. 16	5-36			
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
http://www.cdss.ca.gov/cc	lssweb/entres/forms/Englis	sh/SOC2263.p	df	

SOC 2263 (3/16) In-Home Supportive Services Program Notice To Provider Rescinding Violation

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2264.pdf SOC 2264 (3/16) In-Home Supportive Services Program Notice To Recipient Rescinding Provider Violation

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.