NOTICE OF FORM CHANGE NO. 16-072				DATE 07/15/2016	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Manage	ment Unit	
Listed below is information re	garding a form change. Or	nly applica	able information is shown.		
This notice updates your Cal	ifornia Department of Socia	al Service	es (CDSS) County Forms Ca	atalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	See below				
ORDER UNIT MASTER ONLY	K Free Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT	
New X Revised	DATE OF FORM 5/16	REPLACES		Obsolete	
REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse					
P.O. Box 980788 West Sacramento, CA 95798-0788			INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY	FURMIS DISPUSITIC		SPECIAL INSTRUCTIONS		
Use until exhausted					
USE NEW FORM					
USE FORM IN ACCORDANCE WITH All County Letter No. 16	-53				
Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE ACL 16-53 - http://inet.dss.ca.gov/wm7_landn/EntRes/getinfo/acl/2016/16-53.pdf					
	Information For Prospection The Process	ve Provid	ers About The In-Home Sup	portive Services (IHSS)	
SOC 848 (5/16) - In-Home Supportive Services Program Notice Of Provider Eligibility http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC848.pdf					
SOC 848A (5/16) - In-Home http://www.cdss.ca.gov/cds				Tier 2 Crime	
Camera-ready copies are cur http://www.dss.cahwnet.gov/ Form information on forms no	cdssweb/FormsandPu_271	1.htm.		i.gov.	
Contact Language Services f	or other languages at (916	651-887	76 or by e-mail at LTS@dss.	ca.gov.	