NOTICE OF FORM CHANGE NO. 16-073				DATE 07/15/2016	
TO: County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public J Other	ns Coordinator icensing District Offices		FROM: Forms Manageme	ent 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 Soci	al Service	es (CDSS) County Forms Catal	log (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	See below				
ORDER UNIT MASTER ONLY	ER ONLY X Free Sold		PRICE	INITIAL SUPPLY SENT	
New Revised 5/16		REPLACES		Obsolete	
 No Change Permitted Substitute Permitted With UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 			h Prior DSS Approval Recommended Form OTHER: INTERNET: INTRANET:		
	FORMS DISPOSITIO	ON AND S	SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY		De	stroy		
USE NEW FORM					
USE FORM IN ACCORDANCE WITH All County Letter No. 16	-53				
ADDITIONAL INFORMATION REGARDING FOR ACL 16-53 - http://inet.dss.		s/getinfo/a	cl/2016/16-53.pdf		
SOC 857B (6/16) - In-Home Check Needed http://www.cdss.ca.gov/cds			e To Provider Of Provider Ineliç B.pdff	gibility Criminal Background	
SOC 858B (5/16) - IHSS Pro Conviction http://www.cdss.ca.gov/cds	•		r Ineligibility Tier 2 Crimes Ine B.pdf	ligibility - Subsequent	
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.