NOTICE OF FORM CHANGE NO. 16-083					DATE 08/15/2016	
Community Care District Attorney	Director orms Coordinator Licensing District Office ic Adoption Agencies	es	FROM: Form	ns Managemer	1	
Listed below is information	regarding a form change.	. Only applical	ble information i	is shown.		
This notice updates your C	California Department of S	Social Services	s (CDSS) Count	ty Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TIT	See below					
ORDER UNIT		ESTIMATED F	ESTIMATED PRICE		INITIAL SUPPLY SENT	
MASTER ONLY	X Free Sold				Yes XNo	
New X Revised	DATE OF FORM 5/16	REPLACES	REPLACES		Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
No Change Permitted	Substitute Permitted	1		Recommende	d Form	
UNLESS OTHERWISE SPECIFIED S	OTH	ER:				
Department of Social Ser P.O. Box 980788		X INTERNET:				
West Sacramento, CA 95798-0788						
	FORMS DISPOSI	ITION AND S	PECIAL INSTR	UCTIONS		
Use until exhausted		Des	troy			
USE NEW FORM	Use new form	new form effective Refer to ACL		to ACL		
USE FORM IN ACCORDANCE WITH						
All County Letter No.	16-53					
ADDITIONAL INFORMATION REGARDING	FORM CHANGE					
ACL 16-53 - http://inet.dss.	.ca.gov/wm7_landn/EntRe	es/getinfo/acl/2	2016/16-53.pdf			
http://www.cdss.ca.gov/cds SOC 852A (5/16) - IHSS P Sex Offender Felonies; Fra	Program Notice To Provide	er Applicant O		ibility Tier 2 Crir	nes (Serious/Violent Felonies;	
http://www.cdss.ca.gov/cds SOC 855 (5/16) - In-Home Process				Provider Ineligib	ility Incomplete Provider	
Camera-ready copies are of http://www.dss.cahwnet.go	ov/cdssweb/FormsandPu_	_271.htm.		dss@dss.ca.gov	·.	

GEN 127 (3/02)