NOTICE OF FORM CHANGE NO. 16-085					DATE	
			<u> </u>		08/15/2016	
County Welfare Dir Supply Clerk / Forn Community Care Li District Attorney Private and Public A	ns Coordinator censing District Offices		FROM: Forms Mana	agemer	nt Unit	
Listed below is information re	garding a form change. Or	nly applica	able information is show	า.		
This notice updates your Cal	ifornia Department of Soci	al Service	es (CDSS) County Forms	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	See below					
ORDER UNIT MASTER ONLY Pree Sold DATE OF FORM 5/16 REQUIRED FORM- No Change Permitted Substitute Permitted W UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		ESTIMATED PRICE REPLACES With Prior DSS Approval Recommend OTHER: INTERNET: INTRANET:		nmende	INITIAL SUPPLY SENT Yes No Obsolete d Form	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS DISPOSITION OF OLD SUPPLY						
Use until exhausted		_ De	stroy			
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective Refer to ACL						
Secondary Letter No. 16. Other (specify)	-53					
ADDITIONAL INFORMATION REGARDING FORM CHANGE ACL 16-53 - http://inet.dss.ca.gov/wm7_landn/EntRes/getinfo/acl/2016/16-53.pdf						
http://www.cdss.ca.gov/cdssv SOC 862 (5/16) - In-Home Su	veb/entres/forms/English/S	SOC862.p	df	/aiver		
http://www.cdss.ca.gov/cdssv SOC 870 (5/16) - In-Home St Receipt Of Waiver		•		rovider E	Eligibility Acknowledgment Of	
Camera-ready copies are cur http://www.dss.cahwnet.gov/o Form information on forms no	cdssweb/FormsandPu_27	1.htm.		s.ca.gov	' .	