

NOTICE OF FORM CHANGE NO. 16-094

DATE

08/26/2016

TO:

County Welfare Director
 Supply Clerk / Forms Coordinator
 Community Care Licensing District Offices
 District Attorney
 Private and Public Adoption Agencies
 Other

FROM:

Forms Management Unit

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE				SOC 2289 (7/16) In-Home Supportive Services Program State Administrative Review Request Response Letter To Recipient Rescinding Provider's Third Or Fourth Violation For Exceeding							
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT							
MASTER ONLY		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised		DATE OF FORM		REPLACES		<input type="checkbox"/> Obsolete					
7/16											
REQUIRED FORM-				REQUIRED FORM-							
<input type="checkbox"/> No Change Permitted				<input type="checkbox"/> Substitute Permitted With Prior DSS Approval				<input type="checkbox"/> Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				<input type="checkbox"/> OTHER:							
Department of Social Services Warehouse				<input checked="" type="checkbox"/> INTERNET:							
P.O. Box 980788				<input type="checkbox"/> INTRANET:							
West Sacramento, CA 95798-0788											

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY		<input type="checkbox"/> Use until exhausted		<input type="checkbox"/> Destroy			
USE NEW FORM		<input type="checkbox"/> When supply available in DSS Warehouse		<input checked="" type="checkbox"/> Use new form effective		<u>Refer To ACL</u>	
USE FORM IN ACCORDANCE WITH		<input checked="" type="checkbox"/> All County Letter No. 16-46		<input type="checkbox"/> Other (specify)			

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-46.pdf>

SOC 2289 (5/16) For Posting Info Only

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2289.pdf>

SOC 2289 (7/16) In-Home Supportive Services Program State Administrative Review Request Response Letter To Recipient Rescinding Provider's Third Or Fourth Violation For Exceeding Workweek And/Or Travel Time Limits

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.