

NOTICE OF FORM CHANGE NO. 16-108

DATE

10/11/2016

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 873 (10/16) SOC 874 (10/16)			
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
	10/16		
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 checked="" 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. 16-78	
<input type="checkbox"/> Other (specify)	

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-78.pdf>

Implementation Of The In-Home Supportive Services Program Health Care Certification Regulations

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC873.pdf>

SOC 873 (10/16) - In-Home Supportive Services (IHSS) Program Health Care Certification Form

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC874.pdf>

SOC 874 (10/16) - In-Home Supportive Services (IHSS) Program Notice To Applicant Of Health Care Certification Requirement

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.