NOTICE OF FORM CHANGE NO. 16-112					DATE
					10/17/2016
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forn	ns Managemer	nt 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 2245 (10/16) - In-Home Supportive Services (IHSS) Fraud Data Reporting Form					
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No	
☐ New X Revised	10/16	REPLACES 2/15		Obsolete	
REQUIRED FORM- REQUIRED FORM-					
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER:					
Department of Social Services Warehouse P.O. Box 980788			RNET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY	FURING DISPUSITIO	IN AND 3	PECIAL INSTR	OCTIONS	
☐ Use until exhausted ☐ Destroy			stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective immediately					
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE					
http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2245.xlsx SOC 2245 (10/16) - In-Home Supportive Services (IHSS) Fraud Data Reporting Form					
300 2243 (10/10) - III-Hollie Supportive Services (1033) Fraud Data Reporting Form					

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.