

NOTICE OF FORM CHANGE NO. 16-124

DATE

11/01/2016

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			
TEMP 2262 (9/16) TEMP 2262A (9/16)			
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 checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 9/16	REPLACES	<input type="checkbox"/> Obsolete
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: <input checked="" type="checkbox"/> INTERNET: <input type="checkbox"/> INTRANET:		
Department of Social Services Warehouse P.O. Box 980788 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. 16-86	
<input type="checkbox"/> Other (specify)	

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2016/16-86.pdf>

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP2262.pdf>

TEMP 2262 (9/16) - In-Home Supportive Services Program Notice To Provider Of Provider Ineligibility Failure To Submit SOC 846 (REV. 11/15)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/TEMP2262A.pdf>

TEMP 2262A (9/16) - In-Home Supportive Services Program Notice To Recipient Of Provider Ineligibility Failure To Submit SOC 846 (REV. 11/15)

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.