NOTICE OF FORM CHANGE NO. 16-146			DATE
			12/15/2016
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offi		s Management Unit
Listed below is information re	garding a form change	e. Only applicable information i	s shown.
This notice updates your Cal	ifornia Department of	Social Services (CDSS) Count	y Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	PUB 468 (10/16) - A	Approved Relative Caregivers F	unding Option Program
ORDER UNIT MASTER ONLY	K Free Sold	ESTIMATED PRICE	
New X Revised	DATE OF FORM 10/16	REPLACES 12/14	Obsolete
REQUIRED FORM-	REQUIRED FORM-	d With Prior DSS Approval	Recommended Form
			Recommended Form
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		INTERNET:	
	FORMS DISPOS		JCTIONS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM			
All County Letter No. Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR PUB 468 (10/16) - Approved		unding Option Program	
	Column Caregivers I		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB468.pdf

Check on the Internet to see if forms are available at www.dss.cahwnet.gov.

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907. Contact Language Services for other languages at (916) 445-6778.