NOTICE OF FORM CH			T			
NOTICE OF FORM CHA	ANGE NO. 16-147				DATE 12/16/2016	
			T		12/10/2010	
TO: County Welfare Director			FROM: Forms Management Unit			
Supply Clerk / Forms Coordinator			I Offis Mai	lagerrier	it Offit	
Community Care Licensing District Offices						
District Attorney						
Private and Public Adoption Agencies						
Other						
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 FC 01A (12/16) - Transitional Housing Program Plus Foster Care (THP+FC) Program Cost						
Report						
ORDER UNIT		ESTIMATED PRICE		INITIAL SUPPLY SENT		
MASTER ONLY	☐ Free ☐ Sold				Yes X No	
☐ New ☐ Revised	DATE OF FORM 12/16	REPLACES 10/16	10/16		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		INTERNET:				
West Sacramento, CA 95798-0788		☐ INTRANET:				
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY						
☐ Use until exhausted			stroy			
USE NEW FORM  ☐ When supply available in DSS Warehouse  ☐ Use new form effective				ve Immediately		
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR						
FC 01A (12/16) - Transitional Housing Program Plus Foster Care (THP+FC) Program Cost Report						
http://www.cdss.ca.gov/cdssweb/entres/forms/English/FC01A.xlsx						

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.