

**DEPARTMENT OF SOCIAL SERVICES**

744 P Street, MS 19-95, Sacramento, CA 95814



December 27, 2006

ALL-COUNTY INFORMATION NOTICE NO.: I-97-06

TO: ALL COUNTY WELFARE DIRECTORS  
ALL IHSS PROGRAM MANAGERS**Reason For This Transmittal**

- State Law Change
- Federal Law or Regulation Change
- Court Order or Settlement Agreement
- Clarification Requested by one or More Counties
- Initiated by CDSS

SUBJECT: PROTECTIVE SUPERVISION 24-HOURS-A-DAY FORM (SOC 825)

REFERENCE: SENATE BILL (SB) 1104 (CHAPTER 229, STATUTES of 2004)  
WELFARE AND INSTITUTIONS CODE SECTION (WIC) 12301.21

The purpose of this All-County Information Notice is to inform counties of the new Protective Supervision 24-Hours-A-Day form SOC 825 for optional use (copy attached). This form is available in English and Spanish and can be accessed at our Forms Website address: <http://www.dss.cahwnet.gov/pdf/SOC825.PDF>.

The Protective Supervision 24-Hours-A-Day Coverage Plan form was developed by California Department of Social Services in conjunction with the California Welfare Directors Association and various other stakeholders. The SOC 825 form was designed as an optional tool to be utilized by the county worker to identify how the 24-Hours-A-Day Coverage Plan will be attained in order for the recipient to remain safely in his/her home.

Any questions regarding this form should be directed to Adult Programs Division, Quality Assurance Bureau, at (916) 229-3494.

Sincerely,

*Original Document Signed By:  
Eva L. Lopez on 12/27/06*

EVA L. LOPEZ  
Deputy Director  
Adult Programs Division

Attachment

c: CWDA