

NOTICE OF FORM CHANGE NO. 05-114

DATE

8/31/2005

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE Soc 450 (4/99) English & Spanish
Voluntary Services certificate

ORDER UNIT EACH	<input type="checkbox"/> Free <input checked="" type="checkbox"/> Sold	ESTIMATED PRICE ENG = \$.04.../ SP master only	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM 4/99	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 Other:**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY

 Use until exhausted Destroy

USE NEW FORM

 When supply available in DSS Warehouse Use new form effective _____

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

English is each at 4 cents a piece

Spanish is master only

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, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 651-8876 or by electronic mail at LTS@dss.ca.gov.

VOLUNTARY SERVICES CERTIFICATION
(PLEASE TYPE OR PRINT CLEARLY)

RECIPIENT NAME	RECIPIENT CASE NUMBER	COUNTY
PROVIDER NAME	PROVIDER TELEPHONE NUMBER	PROVIDER SOCIAL SECURITY NUMBER (OPTIONAL)*
PROVIDER STREET ADDRESS	CITY	ZIP CODE

SERVICES TO BE PROVIDED	DAYS AND/OR HOURS PER MONTH SERVICES ARE TO BE PROVIDED

I agree to provide the above listed services voluntarily. I know that I have the right to be compensated but choose not to accept any payment, or reduced payment for the provision of these services

PROVIDER SIGNATURE	DATE
SOCIAL SERVICE WORKER SIGNATURE	DATE

* FOR IDENTIFICATION PURPOSES ONLY (AUTHORITY: WELFARE & INSTITUTIONS CODE SECTION 12302.2)

CERTIFICACION DE SERVICIOS VOLUNTARIAS

(FAVOR DE ESCRIBIR A MAQUINA O CLARAMENTE CON LETRA DE MOLDE)

NOMBRE DEL BENEFICIARIO	NUMERO DEL CASO DEL BENEFICIARIO	CONDADO
NOMBRE DEL PROVEEDOR	NUMERO DE TELEFONO DEL PROVEEDOR	NUMERO DE SEGURO SOCIAL DEL PROVEEDOR (OPCIONAL)*
DIRECCION DEL PROVEEDOR	CIUDAD	CODIGO POSTAL

SERVICIOS QUE SE VAN A PROPORCIONAR	DIAS Y/U HORAS POR MES QUE LOS SERVICIOS SE VAN A PROPORCIONAR

Consiento en proporcionar voluntariamente los servicios como se expresa arriba. Yo sé que tengo el derecho de ser compensado, pero opto por no aceptar ningún pago, ni un pago reducido por la provisión de estos servicios.

FIRMA DEL PROVEEDOR	FECHA
FIRMA DEL TRABAJADOR DE SERVICIO SOCIAL	FECHA

* PARA PROPOSITOS DE IDENTIFICACION SOLAMENTE (AUTORIDAD: CODIGO DE BIENESTAR PUBLICO E INSTITUCIONES, SECCION 12302.2)