

**NOTICE OF FORM CHANGE NO. 11-156**

DATE

12-07-2011

**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			
SOC 873 (11/11) In-Home Supportive Services (IHSS) Program Health Care Certification Form			
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 type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 11/11	REPLACES 7/11	<input type="checkbox"/> Obsolete
REQUIRED FORM-	REQUIRED FORM-		
<input checked="" 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:		
<b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>	<input checked="" type="checkbox"/> INTERNET:		
	<input type="checkbox"/> INTRANET:		

**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 I-74-11</u>
USE FORM IN ACCORDANCE WITH	<input type="checkbox"/> All County Letter No.	<input checked="" type="checkbox"/> Other (specify) <a href="http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2011/I-74_11.pdf">http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acin/2011/I-74_11.pdf</a>

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC873.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](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](mailto:fmudss@dss.ca.gov).

Contact Language Services for other languages at (916) 651-8876 or by e-mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).