

NOTICE OF FORM CHANGE NO. 19-027

DATE

04/15/2019

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 See below.

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM Varies	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input 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: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> OTHER: <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>Immediately</u>
USE FORM IN ACCORDANCE WITH	
<input type="checkbox"/> All County Letter No.	
<input type="checkbox"/> Other (specify)	

ADDITIONAL INFORMATION REGARDING FORM CHANGE

SOC 2292 (1/19) - In-Home Supportive Services Program Notice To Provider Of Failure To Timely Or Completely Submit The Right To Dispute Violation For Exceeding Workweek And/or Travel Time Limits Form (SOC 2272)
<http://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC2292.pdf>

SOC 2293 (1/19) - In-Home Supportive Services Program Notice To Recipient Of Provider's Failure To Timely Or Completely Submit The Right To Dispute Violation For Exceeding Workweek And/or Travel Time Limits Form (SOC 2272)
<http://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC2293.pdf>

SOC 2255 (3/19) - In-Home Supportive Services (IHSS) Program Provider Workweek & Travel Time Agreement
<http://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC2255.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to
<http://www.cdss.ca.gov/inforesources/Translated-Forms-and-Publications>.

Form information on forms not listed in the catalog, you may contact FMU at FMU-FormsManagementUnit@dss.ca.gov