

**NOTICE OF FORM CHANGE NO. 19-028**

DATE

05/03/2019

**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 <b>MASTER ONLY</b>	<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 5/19	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: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>		<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 804 (5/19) - Statement Of Facts For Determining Continuing Eligibility For The Cash Assistance Program For Immigrants (CAPI)

<http://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC804.pdf>

SOC 813 (5/19) - Cash Assistance Program For Immigrants (CAPI) Indigence Exception Determination

<http://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC813.pdf>

SOC 814 (5/19) - Statement Of Facts Cash Assistance Program For Immigrants (CAPI)

<http://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC814.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](mailto:FMU-FormsManagementUnit@dss.ca.gov)