

NOTICE OF FORM CHANGE NO. 19-045

DATE

07/15/2019

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

SOC 863 (5/19) - In-Home Supportive Services (IHSS) Applicant Provider Request For
 General Exception

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 5/19	REPLACES	<input type="checkbox"/> Obsolete

REQUIRED FORM-

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☐ No Change Permitted ☐ 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:
☒ INTERNET:
☐ INTRANET:

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

Immediately

USE FORM IN ACCORDANCE WITH

☐ All County Letter No.☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

SOC 863 (5/19) - In-Home Supportive Services (IHSS) Applicant Provider Request For General Exception
<http://www.cdss.ca.gov/Portals/9/FMUForms/Q-T/SOC863.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