NOTICE OF FORM CHANGE NO. 13-010		DATE
		02-11-2013
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Managemen	it Unit
Listed below is information regarding a form change. Only	applicable information is shown.	
This notice updates your California Department of Social S	Services (CDSS) County Forms Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 2243 (1/13) English a IHSS Recipients Notice Of		
	STIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes  ☐ No
DATE OF FORM RE	EPLACES //11	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  REQUIRED FORM-  Substitute Permitted	With Prior DSS Approval Rec	commended 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 date of	f this notice
use FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE  http://www.cdss.ca.gov/cdssweb/entres/forms/English/SO0	C2243.pdf	

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SOC2243SP.pdf

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

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