NOTICE OF FORM CHANGE NO. 13-026			DATE
			04-16-2013
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			gement Unit
Listed below is information re	egarding a form change. C	Only applicable information is shown	
This notice updates your Ca	lifornia Department of Soc	cial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 824 (2/13) IHSS Quality Assurance	e/Quality Improvement QA/QI Quart	elry Activities Report
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	☐ Free ☐ Sold		☐ Yes
☐ New ☐ Revised	DATE OF FORM 2/13	REPLACES 1/10	☐ Obsolete
REQUIRED FORM- REQUIRED FORM- 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		☑ INTERNET:	
West Sacramento, CA 9579	8-0788	☐ INTRANET:	
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS			
Use until exhausted		⊠ Destroy	
USE NEW FORM When supply available in DSS Warehouse		oxtimes Use new form effective	Refer to 13-23
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. htt ☐ Other (specify)	tp://www.cdss.ca.gov/lette	ersnotices/EntRes/getinfo/acl/2013/1	3-23.pdf
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
Form in posted as an excel d			
http://www.cdss.ca.gov/cdss	web/PG168.htm#s		

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.