NOTICE OF FORM CHANGE NO. 13-031			DATE
			5-6-2013
District Attorney		FROM: Forms Man	agement Unit
Listed below is information re	egarding a form change. Or	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soci	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 449 (4/13) IHSS Public Authority/N	onprofit Consortium Rate	
MASTER ONLY		REPLACES	
$\Box$ New $oxtimes$ Revised	4/13	10/01	□ Obsolete
REQUIRED FORM- REQUIRED FORM-			
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		oxtimes Use new form effective	Aoril 15, 2013
USE FORM IN ACCORDANCE WITH			
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/S	SOC449.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.