NOTICE OF FORM CHANGE NO. 13-061					DATE
					06/18/2013
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	agemer	nt Unit
Listed below is information reg	garding a form change. O	nly applica	ble information is show	'n.	
This notice updates your Cali	fornia Department of Soc	cial Service	s (CDSS) County Form	s Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 885 (6/13) IHSS F Based on State Law Ch	-	otice Of Denial Of Requ	uest For I	n-Home Reassessment
RDER UNIT ESTIMATED PRICE					INITIAL SUPPLY SENT
MASTER ONLY	□ Sold				☐ Yes ☐ No
	DATE OF FORM 6/13	REPLACES			☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permit	tted With P	rior DSS Approval	□Re	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			ER:		
Department of Social Services Warehouse P.O. Box 980788			⊠ INTERNET:		
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTIO	NS	
Use until exhausted		☐ Des	stroy		
USE NEW FORM When supply available in DSS Warehouse			☐ Use new form effective Refer to ACL 13-		to ACL 13-47
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. http ☐ Other (specify)	p://www.cdss.ca.gov/lette	rsnotices/E	EntRes/getinfo/acl/2013	/13-47.po	df
ADDITIONAL INFORMATION REGARDING FOR	M CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC885.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.