NOTICE OF FORM CHANGE NO. 13-076					DATE 7/15/2013	
					1710/2010	
TO: County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices		FROM: Forms Man	agemer	nt Unit	
Listed below is information re	garding a form change. Or	nly applica	able information is show	٦.		
This notice updates your Cal	ifornia Department of Soci	ial Service	es (CDSS) County Forms	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 832 (1/13) English	•				
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY	⊠ Free ☐ Sold				☐ Yes ☐ No	
☐ New ☐ Revised	date of form 1/13	REPLACES 3/12			☐ Obsolete	
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form					commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			IER: ERNET: RANET:			
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTION	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ De	strov			
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 FOR	RM CHANGE					
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/\$	SOC832.p	df			
http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SOC832SP.pdf						
Camera-ready copies are cur http://www.dss.cahwnet.gov/c Form information on forms no	cdssweb/FormsandPu_27	1.htm.		s.ca.gov	.	

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