NOTICE OF FORM CHANGE NO. 14-012					DATE	
					1/27/2014	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar	ageme	nt Unit	
Listed below is information re	egarding a form change. Or	nly applicat	ole information is show	'n.		
This notice updates your Ca	lifornia Department of Soci	ial Services	(CDSS) County Form	s Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 2249 (1/14) Qualified Agency Certific					
ORDER UNIT  MASTER ONLY  Free Sold		ESTIMATED P	ESTIMATED PRICE		INITIAL SUPPLY SENT  Yes No	
☐ New ☐ Revised	DATE OF FORM 1/14	REPLACES 6/13			☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-	·			<u> </u>	
No Change Permitted ☐ Substitute Permitted With Prior DSS Approval ☐ Recommended Form					ecommended Form	
UNLESS OTHERWISE SPECIFIED STO		☐ OTHER:				
Department of Social Services Warehouse P.O. Box 980788		☐ INTERNET:				
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITION	ON AND SE	PECIAL INSTRUCTIO	NS		
Use until exhausted		⊠ Dest	troy			
USE NEW FORM  When supply available in DSS Warehouse		⊠ Use	$\boxtimes$ Use new form effective $\underline{ACL}$		14-02	
USE FORM IN ACCORDANCE WITH	tp://www.cdss.ca.gov/letter	rsnotices/Eı	ntRes/getinfo/acl/2014	/14-02.p	df	
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
http://www.cdss.ca.gov/cdss	web/entres/forms/English/S	SOC2249.p	df			

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.