

**NOTICE OF FORM CHANGE NO. 14-013**

DATE

1/27/2014

**TO:**

County Welfare Director  
 Supply Clerk / Forms Coordinator  
 Community Care Licensing District Offices  
 District Attorney  
 Private and Public Adoption Agencies  
 Other

**FROM:**

Forms Management Unit

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

|   |  |  |  |  |  |   |  |
|---|--|--|--|--|--|---|--|
| FORM NUMBER, REVISION DATE AND TITLE  |  |  |  | SOC 2250 (1/14)<br>Application For Qualified Agency Certification  |  |   |  |
| ORDER UNIT  |  | ESTIMATED PRICE  |  | INITIAL SUPPLY SENT  |  |   |  |
| MASTER ONLY   |  | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold |  | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  |  |   |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised  |  | DATE OF FORM<br>1/14   |  | REPLACES<br>6/13   |  | <input type="checkbox"/> <b>Obsolete</b>  |  |
| REQUIRED FORM-  |  |  |  | REQUIRED FORM-   |  |   |  |
| <input checked="" type="checkbox"/> No Change Permitted   |  |  |  | <input type="checkbox"/> Substitute Permitted With Prior DSS Approval  |  | <input type="checkbox"/> Recommended Form |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:   |  |  |  | <input type="checkbox"/> OTHER:<br><input checked="" type="checkbox"/> INTERNET:<br><input type="checkbox"/> INTRANET: |  |   |  |
| <b>Department of Social Services Warehouse</b><br><b>P.O. Box 980788</b><br><b>West Sacramento, CA 95798-0788</b> |  |  |  |  |  |   |  |

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

|   |  |                     |
|---|--|---------------------|
| DISPOSITION OF OLD SUPPLY                                       |  |                     |
| <input type="checkbox"/> Use until exhausted                    | <input checked="" type="checkbox"/> Destroy                |                     |
| USE NEW FORM  |  |                     |
| <input type="checkbox"/> When supply available in DSS Warehouse | <input checked="" type="checkbox"/> Use new form effective | ACL 14-02 and 14-03 |
| USE FORM IN ACCORDANCE WITH                                     |  |                     |
| <input checked="" type="checkbox"/> All County Letter No.       |  |                     |
| <input type="checkbox"/> Other (specify)                        |  |                     |

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2250.pdf>

ACL 14-02 link: <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-02.pdf>

ACL 14-03 link: <http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-03.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](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](mailto:fmudss@dss.ca.gov).