NOTICE OF FORM CHANGE NO. 14-040				DATE	
					4/1/2014
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar	nageme	nt Unit
Listed below is information re	egarding a form change. O	nly applica	able information is show	/n.	
This notice updates your Ca	lifornia Department of Soc	ial Service	es (CDSS) County Form	ns Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 2250 (3/14) Application For Qualified	d Agency	Certification		
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT
		DEDI ACEC	REPLACES		☐ Yes ☐ No
\square New \boxtimes Revised	3/14	1/14		☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-	1			
No Change Permitted					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:			
Department of Social Services Warehouse P.O. Box 980788		☑ INTERNET:			
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND	SPECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted			stroy		
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective ACL		ACL 1	14-02
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. ht ☐ Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/l	EntRes/getinfo/acl/2014	l/14-02.p	df
ADDITIONAL INFORMATION REGARDING FO http://www.cdss.ca.gov/cdss		SOC2250.	.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.