NOTICE OF FORM CHANGE NO. 14-091			DATE	
			10/14/2014	
District Attorney			FROM: Forms Management Unit	
Listed below is information re	egarding a form change.	Only applicable information i	s shown.	
This notice updates your Ca	lifornia Department of So	cial Services (CDSS) Count	/ Forms Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 846 IHSS Progra	m Provider Enrollment Agre	ement	
ORDER UNIT	X Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT	
New X Revised	DATE OF FORM 9/14	REPLACES 10/09	Obsolete	
REQUIRED FORM-	REQUIRED FORM-			
No Change Permitted	Substitute Permitted V	Vith Prior DSS Approval	Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:		
Department of Social Services Warehouse		X INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788		INTRANET:		
	FORMS DISPOSIT	ION AND SPECIAL INSTRU	JCTIONS	
DISPOSITION OF OLD SUPPLY		Destroy		
USE NEW FORM	n DSS Warehouse 🛛 Us	se new form effective	Refer to ACL 14-76	
USE FORM IN ACCORDANCE WITH				
All County Letter No. A	CL 14-76			
Other (specify)				
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE			

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC846.pdf

http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-76.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.