NOTICE OF FORM CHANGE NO. 14-127					DATE
					12/12/2014
TO: County Welfare Din Supply Clerk / Forr Community Care L District Attorney Private and Public Other	F	FROM: Forms N	<i>l</i> anagemer	nt Unit	
Listed below is information re	garding a form change. On	nly applicable	information is sl	hown.	
This notice updates your Ca	lifornia Department of Socia	al Services (CDSS) County F	orms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 2257 (12/14) - In-Home Supportive Services Program No Violation For Exceeding Workweek And/Or Travel Time Limits		-	To Provider Of First/Second	
New X Revised	DATE OF FORM 12/14	REPLACES 10/14			☐ Obsolete
REQUIRED FORM-					. –
 No Change Permitted Substitute Permitted With UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 		h Prior DSS Approval			a Form
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY		Destro	у		
USE NEW FORM	n DSS Warehouse 🗌 Use	new form ef	fective		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) Additional information regarding for	2M CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2257.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.