TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other  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 2257A (12/14) - In-Home Supportive Services Program Notice To Recipient Of Provider's First/Second Violation For Exceeding Workweek And/Or Travel Time Limits  ORDER UNIT  Free Sold SITMATED PRICE SITMATE	NOTICE OF FORM CHANGE NO. 14-128				DATE	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other  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 2257A (12/14) - In-Home Supportive Services Program Notice To Recipient Of Provider's First/Second Violation For Exceeding Workweek And/Or Travel Time Limits ORDER UNIT SPECE Sold FIRST PRICE INTRAL SUPPLY SENT Yes No DATE OF FORM REPLACES 10/14 10/14 Obsolete  REQUIRED FORM. REQUIRED FORM. REQUIRED FORM REPLACES 10/14 10/14 Obsolete  REQUIRED FORM REPLACES NO Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788  DISPOSITION AND SPECIAL INSTRUCTIONS  DISPOSITION OF OLD SUPPLY USE MY PORM When supply available in DSS Warehouse Use new form effective  USE NEW FORM When supply available in DSS Warehouse Use new form effective  USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					12/12/2014	
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).  FORM NUMBER, REVISION DATE AND TITLE  SOC 2257A (12/14) - In-Home Supportive Services Program Notice To Recipient Of Provider's First/Second Violation For Exceeding Workweek And/Or Travel Time Limits  ORDER UNIT  Free Sold  Sold  Sold Services Program Notice To Recipient Of Provider's First/Second Violation For Exceeding Workweek And/Or Travel Time Limits  Free Sold  Provider's First/Second Violation For Exceeding Workweek And/Or Travel Time Limits  Free Sold  Sold Services Wind Provider's Not Nothing Interest Sold Services Nothing Interest Sold Services Nothing Interest Sold Services Warehouse  P.O. Box 980788  West Sacramento, CA 95798-0788  DISPOSITION OF OLD SUPPLY  Sold Supposition OF OLD SUPPLY  Sold Supposition Sold Services Sold Services Sold Sold Services Sold Sold Services Sold Sold Sold Sold Sold Sold Sold Sold	County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies				nt Unit	
FORM NUMBER, REVISION DATE AND TITLE  SOC 2257A (12/14) - In-Home Supportive Services Program Notice To Recipient Of Provider's First/Second Violation For Exceeding Workweek And/Or Travel Time Limits  ORDER UNIT    Free	Listed below is information re	garding a form change. Or	nly applica	able information is shown.		
First/Second Violation For Exceeding Workweek And/Or Travel Time Limits  ORDER UNIT    Free	This notice updates your Cal	ifornia Department of Soci	ial Service	es (CDSS) County Forms Catalo	og (PUB 69).	
New   Revised   12/14   10/14   Obsolete	SOC 2257A (12/14) - In-Home Supportive Services Program Notice To Recipient Of Provider's					
New   Revised   12/14   10/14	ORDER UNIT	⊠ Free ☐ Sold	ESTIMATED	PRICE		
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form   UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: OTHER:   Department of Social Services Warehouse XINTERNET:   P.O. Box 980788 INTRANET:    FORMS DISPOSITION AND SPECIAL INSTRUCTIONS  DISPOSITION OF OLD SUPPLY  Use until exhausted  Destroy  USE NEW FORM When supply available in DSS Warehouse Use new form effective  USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)	☐ New X Revised				Obsolete	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788  DISPOSITION OF OLD SUPPLY USE NEW FORM When supply available in DSS Warehouse USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788  FORMS DISPOSITION AND SPECIAL INSTRUCTIONS  DISPOSITION OF OLD SUPPLY Use until exhausted Destroy  USE NEW FORM When supply available in DSS Warehouse Use new form effective  USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)						
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS  DISPOSITION OF OLD SUPPLY  Use until exhausted  Destroy  USE NEW FORM When supply available in DSS Warehouse Use new form effective  USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)	Department of Social Services Warehouse P.O. Box 980788		⊠ INTERNET:			
Use until exhausted	INTRANET.					
Use until exhausted  Use New Form  When supply available in DSS Warehouse Use new form effective  USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)		FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIONS		
When supply available in DSS Warehouse Use new form effective  USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)			☐ Des	stroy		
☐ All County Letter No. ☐ Other (specify)		DSS Warehouse Use	e new form	n effective		
Other (specify)						
		RM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2257A.pdf