

NOTICE OF FORM CHANGE NO. 14-129

DATE

12/11/2014

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 2258 (12/14) - In-Home Supportive Services Program Notice To Provider Of Third Violation And Three-Month Suspension For Exceeding Workweek And/Or Travel Time Limits			
ORDER UNIT		<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT	
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised		DATE OF FORM 12/14		REPLACES 10/14		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
REQUIRED FORM-				REQUIRED FORM-			
<input 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:			
Department of Social Services Warehouse				<input checked="" type="checkbox"/> INTERNET:			
P.O. Box 980788				<input type="checkbox"/> INTRANET:			
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)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2258.pdf>