NOTICE OF FORM CHANGE NO. 14-137					
NOTICE OF FORM CH	ANGE NO. 14-13/			DATE 01/02/2015	
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 r	egarding a form change.	Only applica	able information is shown		
This notice updates your Ca	alifornia Department of So	ocial Service	es (CDSS) County Forms	Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 2263 (10/14) - Ir	n-Home Sup	portive Services Program	Notice To Provider Rescinding	
ORDER UNIT	⊠ Free ☐ Sold	ESTIMATED	PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No	
X New ☐ Revised	DATE OF FORM 10/14	REPLACES		Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitted	With Prior D	SS Approval	mended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			☐ OTHER: ☑ INTERNET: ☐ INTRANET:		
DISPOSITION OF OLD SUPPLY	FORMS DISPOSI	TION AND S	SPECIAL INSTRUCTION	<u> </u>	
Use until exhausted		☐ Des	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form			n effective	Refer to ACL 14-76	
use form in accordance with All County Letter No. 1. Other (specify)	4-76				
ADDITIONAL INFORMATION REGARDING FO	DRM CHANGE				
http://www.cdss.ca.gov/	cdssweb/entres/forms/En	nglish/SOC22	263.pdf		
http://www.cdss.ca.gov/l	ettersnotices/EntRes/get	tinfo/acl/2014	4/14-76.pdf		
Camera-ready copies are cu	urrently available on the 0	CDSS Interne	et. Go to		

 $Contact\ Language\ Services\ for\ other\ languages\ at\ (916)\ 651-8876\ or\ by\ e-mail\ at\ LTS@dss.ca.gov.$

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.