NOTICE OF FORM CHANGE NO. 14-138				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			: Forms Manageme	nt Unit	
Listed below is information re	garding a form change. O	nly applicable infor	mation is shown.		
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS	) County Forms Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 2264 (10/14) - In-Home Supportive Services Program Notice To Recipient Rescinding Provider Violation				
ORDER UNIT	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT  ☐ Yes ☒ No	
New ☐ Revised	DATE OF FORM 10/14	REPLACES		☐ Obsolete	
REQUIRED FORM- REQUIR					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ 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 et			Refer	to ACL 14-76	
Section IN ACCORDANCE WITH  ✓ All County Letter No. 14  ✓ Other (specify)	-76				
,	RM CHANGE  dssweb/entres/forms/Engli	·	df		

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.