NOTICE OF FORM CHANGE NO. 14-139					DATE	
110 110 01 1 01 1 01 1 1 1 1 1 1 1 1 1					01/02/2015	
TO:			FROM:		01/02/2015	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				s Managemer	nt Unit	
Listed below is information re	garding a form change.	Only applica	able information is	s shown.		
This notice updates your Ca	lifornia Department of S	ocial Service	s (CDSS) County	y Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 2265 (10/14) - Ir Total Violation Count		portive Services I	Program Notice	To Provider Reduction Of	
ORDER UNIT	⊠ Free ☐ Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT  ☐ Yes  ☐ No	
⊠ New ☐ Revised	DATE OF FORM 10/14	REPLACES	REPLACES		Obsolete	
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitted	With Prior D	SS Approval	Recommende	d Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		⊠ INTE	☐ OTHER:  ☑ INTERNET:  ☐ INTRANET:			
	FORMS DISPOSI	TION AND S	PECIAL INSTRU	JCTIONS		
Use until exhausted  Destroy						
USE NEW FORM  ☐ When supply available in DSS Warehouse ⊠ Use new form			effective Refer to ACL 14-76			
USE FORM IN ACCORDANCE WITH	-76					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
http://www.cdss.ca.gov/chttp://www.cdss.ca.gov/le						

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.