

**NOTICE OF FORM CHANGE NO. 15-91**

DATE

03/25/2015

**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 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 449 (2/15) - IHSS Public Authority/Nonprofit Consortium Rate**

ORDER UNIT	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 2/15	REPLACES 6/13	<input type="checkbox"/> <b>Obsolete</b>
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: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>	<input type="checkbox"/> OTHER: <input checked="" type="checkbox"/> INTERNET: <input type="checkbox"/> 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 Refer to ACL

## USE FORM IN ACCORDANCE WITH

All County Letter No. ACL 15-23  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC449.pdf>

<http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2015/15-23.pdf>