

**NOTICE OF FORM CHANGE NO. 16-084**

DATE

08/15/2016

**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 See below

ORDER UNIT <b>MASTER ONLY</b>	<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 5/16	REPLACES	<input type="checkbox"/> <b>Obsolete</b>
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <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. 16-53  
 Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

ACL 16-53 - [http://inet.dss.ca.gov/wm7\\_landn/EntRes/getinfo/acl/2016/16-53.pdf](http://inet.dss.ca.gov/wm7_landn/EntRes/getinfo/acl/2016/16-53.pdf)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC852A.pdf>

SOC 855B (5/16) - IHSS Program Notice To Recipient Of Provider Ineligibility Tier 2 Crimes (Serious/Violent Felonies; Sex Offender Felonies; Fraud Against Government Agencies)

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC857.pdf>

SOC 857 (5/16) - IHSS Program Notice To Recipient Of Provider Eligibility Acknowledgement Of Receipt Of Waiver

Camera-ready copies are currently available on the CDSS Internet. Go to

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](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](mailto:fmudss@dss.ca.gov).