



CDSS

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DEPARTMENT OF SOCIAL SERVICES

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ARNOLD SCHWARZENEGGER
GOVERNOR

September 16, 2010

ALL-COUNTY INFORMATION NOTICE NO. I-65-10

TO: ALL COUNTY WELFARE DIRECTORS
ALL IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MANAGERS

SUBJECT: REVISED IHSS PROGRAM RECIPIENT DESIGNATION OF PROVIDER
FORM

<u>Reason For This Transmittal</u>
<input type="checkbox"/> State Law Change
<input type="checkbox"/> Federal Law or Regulation Change
<input type="checkbox"/> Court Order or Settlement Agreement
<input type="checkbox"/> Clarification Requested by one or More Counties
<input checked="" type="checkbox"/> Initiated by CDSS

This All-County Information Notice (ACIN) transmits the revised Recipient Designation of Provider form (SOC 426A) for use in the IHSS Program. The SOC 426A has been revised in response to requests from counties and Public Authorities to add a field to capture the date on which the provider started providing services for the recipient. Other minor changes were also made. Counties should begin using the revised SOC 426A effective immediately.

Counties may access a camera-ready copy of the SOC 426A on the Forms and Publications web page at:

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

The SOC 426A is currently being translated into the current threshold languages: Armenian, Chinese and Spanish. When the translations have been completed, camera-ready copies of them will be posted on the Translated Forms and Publications web page at:

http://www.dss.cahwnet.gov/cdssweb/FormsandPu_274.htm.

Should you have questions regarding information in this ACIN, please contact the Adult Programs Policy Bureau at (916) 229-4000.

Sincerely,

Original Document Signed By:

EILEEN CARROLL
Deputy Director
Adult Programs Division

Attachment