NOTICE OF FORM CHANCE NO. 00 044					DATE
NOTICE OF FORM CHANGE NO. 08-044					DATE 03-18-2008
					03-10-2000
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907		
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).					
SOC 829 (3/08) English and Spanish IHSS Provider Direct Deposit Enrollment/Change/Cancellation Form					
ORDER UNIT MASTER ONLY Free Sold			IMATED PRICE		INITIAL SUPPLY SENT
DATE OF FORM		REPLACES			☐ Yes ⊠ No
	3/08	11.2.0.2.0			Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With Prior DSS Approval Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		ОТН	ER:		
		⊠ INTE	☑ INTERNET:		
			NTRANET:		
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 3/08		3/08	
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/		lish/SOC	329.pdf		

Camera-ready copies are currently available on the CDSS Internet. Go to www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm.

http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/SOC829SP.pdf

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.