NOTICE OF FORM CHANGE NO. 08-059		DATE
		4/30/2008
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Managemer (916) 657-1907	nt 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	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 834 (3/08) Request for Grievance Hea	aring	
ORDER UNIT MASTER ONLY Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
New ☐ Revised 3/08	REPLACES	Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted	<u> </u>	ommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	□ OTHER:☑ INTERNET:□ INTRANET:	
FORMS DISPOSITION	I AND SPECIAL INSTRUCTIONS	
Use until exhausted	Destroy	
USE NEW FORM When supply available in DSS Warehouse	☐ Use new form effective immedia	ate
USE FORM IN ACCORDANCE WITH All County Letter No.		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.dee.cahwnet.gov/cdeeweh/entree/forme/Spanis	sh/SOC834SP ndf	

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

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.