NOTICE OF FORM CHANGE NO. 08-137			DATE 12/04/2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Managem (916) 657-1907	<u> </u>
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 815 (11/08) Approval of Family Care	giver Home	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 11/08	REPLACES 10/08	☐ 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 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ 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 imme	diate
Section IN ACCORDANCE WITH Solution All County Letter No. 08 Other (specify)	-57		
ADDITIONAL INFORMATION REGARDING FOF http://www.dss.cahwnet.gov/o		ish/SOC815.pdf	

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.