NOTICE OF FORM CHANGE NO. 09-011					DATE
					04-02-2009
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public 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 Cal	lifornia Department of Soc	ial Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	ILP 1 (1/09) Independent Living Pro	gram Annu	ıal Report And Plan Fe	ederal Fisc	cal Year (FFY) 2008
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT
MIASTER UNLY	DATE OF FORM	REPLACES			☐ Yes ⊠ No
\square New $\ oxedow$ Revised	1/09	1/07		☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-				
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTH	IER:		
Department of Social Services Warehouse		⊠ INTERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTION	ONS	
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	stroy		
USE NEW FORM When supply available in DSS Warehouse		⊠Us	☐ Use new form effective date of		this notice
USE FORM IN ACCORDANCE WITH					
All County Letter No.					
Other (specify) I-1	4-09				
ADDITIONAL INFORMATION REGARDING FOR					
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Eng	glish/ilp1.pd	df		

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.