NOTICE OF FORM CHANGE NO. 09-045		DATE
NOTICE OF FORM OFFICE NO. 00 040		10-30-2009
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offic District Attorney Private and Public Adoption Agencies Other	(916) 657-19	agement Unit 907
Listed below is information regarding a form change.	Only applicable information is shown	
This notice updates your California Department of S	Social Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 849 (10/09) IHSS Program Notice	e Of Incomplete Provider Enrollment F	-orm
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
New ☐ Revised DATE OF FORM 10/09	REPLACES	☐ Obsolete
REQUIRED FORM- ☐ No Change Permitted REQUIRED FORM- ☐ Substitute Perm	nitted 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:	
	ITION AND SPECIAL INSTRUCTION	S
Use until exhausted	Destroy	
USE NEW FORM When supply available in DSS Warehouse	□ Use new form effective	now
USE FORM IN ACCORDANCE WITH		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.des.cabwnet.gov/cdesweb/entres/forms/	English/SOC940 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 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.