NOTICE OF FORM CH	09-046			DATE 10-30-2009		
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Ma (916) 657		
Listed below is information re	garding a for	m change. On	ly applica	ble information is show	wn.	
This notice updates your Cal	lifornia Depa	tment of Socia	al Service	s (CDSS) County Forr	ms Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 852 ( IHSS Prog	10/09) ram Notice Of	Provider	Ineligibility		
ORDER UNIT MASTER ONLY	⊠ Free	Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT
New Revised	DATE OF FORM 10/09		REPLACES			☐ Obsolete
REQUIRED FORM- No Change Permitted  Substitute Permitted With Prior DSS Approval						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788						
West Sacramento, CA 95798-0788						
	FORM	S DISPOSITIO	N AND S		ONS	
DISPOSITION OF OLD SUPPLY				stroy		
USE NEW FORM			⊠ Use new form effective now		now	
USE FORM IN ACCORDANCE WITH All County Letter No. 09	-52					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/SOC852.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 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.