NOTICE OF FORM CHANGE NO. 09-048		DATE
THO THOSE OF THO THE STATE OF T		10/30/2009
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	FROM: Forms Mana (916) 657-19	
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 854 (10/09) IHSS Program Notice	e To Recipient Of Provider Eligibility	
ORDER UNIT MASTER ONLY Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
DATE OF FORM	REPLACES	☐ Yes ☐ No
New ☐ Revised 10/09		☐ Obsolete
REQUIRED FORM- ☐ No Change Permitted ☐ Substitute Permitted	mitted 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 INSTRUCTIONS	S
Use until exhausted	Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse	Use new form effective r r r r r r r r r r r r	now
USE FORM IN ACCORDANCE WITH		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/cdssweb/entres/forms/	/English/SOC854.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 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.