NOTICE OF FORM CHANGE NO. 09-049	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 Management Unit (916) 657-1907	
Listed below is information regarding a form change. Only application	able information is shown.	
This notice updates your California Department of Social Service	es (CDSS) County Forms Catalog (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE SOC 855 (10/09) IHSS Program Notice To Recipie	ent Of Provider Ineligibility	
ORDER UNIT MASTER ONLY Free Sold		
DATE OF FORM REPLACES	☐ Yes ☐ No)
New ☐ Revised 10/09	☐ Obsolete	
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted With F		
Department of Social Services Warehouse P.O. Box 980788	HER: ERNET: RANET:	
FORMS DISPOSITION AND	SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY Use until exhausted De	estroy	
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Us	se new form effective now	
USE FORM IN ACCORDANCE WITH		
✓ All County Letter No. 09-52✓ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.des.cahwnet.gov/cdesweb/entres/forms/English/SOC	w	

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.