NOTICE OF FORM CHANGE NO. 09-052					DATE	
				11-01-2009		
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 re	egarding a form change. O	nly applical	ble information is show	vn.		
This notice updates your Ca	lifornia Department of Soci	ial Services	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 850 (10/09) IHSS Program Notice O	of Provider	Ineligibility			
ORDER UNIT MASTER ONLY □ Sold			ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No	
	DATE OF FORM 10/09	REPLACES		☐ Obsolete		
REQUIRED FORM-	REQUIRED FORM-					
No Change Permitted	⊠ Substitute Permitt	ed With Pr	ior DSS Approval	Red	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse		□ OTH				
P.O. Box 980788 West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	ONS		
SPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	☐ Destroy			
use New FORM When supply available in DSS Warehouse		⊠Use	□ Use new form effective now			
use FORM IN ACCORDANCE WITH All County Letter No. 09 Other (specify))-52					
additional information regarding for http://www.dss.cahwnet.gov.		glish/SOC8	350.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.