NOTICE OF FORM CHANGE NO. 09-053				DATE
				11-01-2009
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	(91	FROM: Forms Management Unit (916) 657-1907		
Listed below is information re	garding a form change. O	nly applicable information	n is shown.	
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS) Cou	nty Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 851 (10/09) IHSS Program Notice of	Provider Ineligibility		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ⊠ No
New □ Revised	DATE OF FORM 10/09	REPLACES		☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-			
No Change Permitted		ed With Prior DSS Appro	oval Re	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse		☐ OTHER: ☐ INTERNET:		
P.O. Box 980788 West Sacramento, CA 95798-0788		☐ INTRANET:		
	FORMS DISPOSITION	ON AND SPECIAL INST	RUCTIONS	
Use until exhausted		Destroy		
use New FORM When supply available in DSS Warehouse		☐ Use new form effective now		
USE FORM IN ACCORDANCE WITH All County Letter No. 09 Other (specify)	-52			
ADDITIONAL INFORMATION REGARDING FOI		ulish/SOC851 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.