NOTICE OF FORM CHA	DATE		
			1/04/2012
District Attorney			nagement Unit
Listed below is information re	egarding a form change. O	nly applicable information is show	vn.
This notice updates your Ca	lifornia Department of Soci	ial Services (CDSS) County Forn	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 818 NMD (1/12) -	Relative Or Non-Relative Extend	led Family Member Caregiver
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY			☐ Yes ☐ No
⊠ New ☐ Revised	DATE OF FORM 1/12	REPLACES	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-		_
		ted With Prior DSS Approval	☐ Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		☐ OTHER:	
Department of Social Services Warehouse P.O. Box 980788		☑ INTERNET:	
West Sacramento, CA 95798-0788		☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTIO	DNS
Use until exhausted		☐ Destroy	
USE NEW FORM  When supply available in DSS Warehouse		☐ Use new form effective	1/2012
USE FORM IN ACCORDANCE WITH			
$\square$ All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/s	SOC818.PDF	

Camera-ready copies are currently available on the CDSS Internet. Go to http://www.dss.cahwnet.gov/cdssweb/FormsandPu\_271.htm.

Form information on forms not listed in the catalog, you may contact FMU at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.