NOTICE OF FORM CHANGE NO. 12-008					DATE	
				1/23/2012		
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	nagemei	nt Unit	
Listed below is information re	egarding a form change. O	nly applica	ble information is show	'n.		
This notice updates your Ca	lifornia Department of Soc	cial Service	s (CDSS) County Form	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	·					
	SOC 152 (1/12) - Place	ement Agei	ncy - THP Plus Foster (Jare Pro	vider Agreement	
ORDER UNIT MASTER ONLY Sold ESTIMATED PRICE		PRICE		INITIAL SUPPLY SENT		
⊠ New ☐ Revised	DATE OF FORM 1/12	REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-	((\\ // (. D				
■ No Change Permitted ■ Substitute Permitted UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			ed With Prior DSS Approval Recommended Form OTHER:			
Department of Social Convince Warehouse						
P.O. Box 980788			☑ INTERNET:			
West Sacramento, CA 95798-0788			INTRANET:			
	FORMS DISPOSITI	ON AND S	PECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY						
☐ Use until exhausted			☐ Destroy			
USE NEW FORM When supply available in DSS Warehouse			Use new form effective 1/2012			
USE FORM IN ACCORDANCE WITH						
	CL 11-77					
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC152.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.