| NOTICE OF FORM CHANGE NO. 12-022 | | DATE | |
|--|--|---------------------|--|
| | | 01-25-2012 | |
| TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District District Attorney Private and Public Adoption Agence Other | | nt Unit | |
| Listed below is information regarding a form ch | ange. Only applicable information is shown. | | |
| This notice updates your California Departmen | nt of Social Services (CDSS) County Forms Catalo | og (PUB 69). | |
| FORM NUMBER, REVISION DATE AND TITLE SOC 856 (1/12) To Request Apr | peal Of Provider Enrollment Denial | | |
| ORDER UNIT | ESTIMATED PRICE | INITIAL SUPPLY SENT | |
| MASTER ONLY ⊠ Free □ | Sold | ☐ Yes | |
| ☐ New ☐ Revised DATE OF FORM 1/12 | REPLACES 1/11 | ☐ Obsolete | |
| REQUIRED FORM- | _ | | |
| No Change Permitted □ Substitute □ | | ecommended Form | |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: | ☐ OTHER: | | |
| Department of Social Services Warehouse | ☑ INTERNET: | ☐ INTERNET: | |
| P.O. Box 980788 West Sacramento, CA 95798-0788 | ☐ INTRANET: | ☐ INTRANET: | |
| FORMS DIS | POSITION AND SPECIAL INSTRUCTIONS | | |
| DISPOSITION OF OLD SUPPLY | M Destre | | |
| Use until exhausted | □ Destroy | | |
| use NEW FORM ☐ When supply available in DSS Warehouse | ☐ Use new form effective1/12 | | |
| USE FORM IN ACCORDANCE WITH | | | |
| ☐ All County Letter No. | | | |
| ☐ Other (specify) | | | |
| ADDITIONAL INFORMATION REGARDING FORM CHANGE | | | |
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http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC856.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.