

**NOTICE OF FORM CHANGE NO. 12-044**

DATE

05-01-2012

**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

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

FORM NUMBER, REVISION DATE AND TITLE			
SOC 857A (4/12) IHSS Program Notice To Recipient Of Provider Ineligibility Acknowledgement Of Receipt Of Invalid Request For Provider Waiver			
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT	
MASTER ONLY		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Obsolete
	4/12		
REQUIRED FORM-	REQUIRED FORM-		
<input checked="" type="checkbox"/> No Change Permitted	<input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	<input type="checkbox"/> OTHER:		
<b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>	<input checked="" type="checkbox"/> INTERNET:		
	<input type="checkbox"/> INTRANET:		

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY	<input type="checkbox"/> Use until exhausted	<input checked="" type="checkbox"/> Destroy
USE NEW FORM	<input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>Refer to ACL 12-19</u>
USE FORM IN ACCORDANCE WITH	<input type="checkbox"/> All County Letter No. <a href="http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2012/12-19.pdf">http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2012/12-19.pdf</a>	
	<input type="checkbox"/> Other (specify)	

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC857A.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to

[http://www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](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](mailto:fmudss@dss.ca.gov).

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