NOTICE OF FORM CHANGE NO. 12-045			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 re	egarding a form change. Or	nly applicable information is show	'n.
This notice updates your Ca	lifornia Department of Soci	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 862 (4/12) IHSS Recipient Request	t For Provider Waiver	
		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	Free Sold		Yes No
\Box New \Box Revised	DATE OF FORM	REPLACES 1/11	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-	1	
No Change Permitted	Substitute Permitt	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788			
P.O. Box 980788 West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
JSE NEW FORM		oxtimes Use new form effective	Refer to ACL 12-19
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/letter	rsnotices/entres/getinfo/acl/2012/	12-19.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdssv	web/entres/forms/English/S	SOC862.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.