NOTICE OF FORM CHANGE NO. 12-002					DATE	
					1/04/2012	
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Mar	nageme	nt Unit	
Listed below is information re	egarding a form change. O	nly applica	able information is show	/n.		
This notice updates your Ca	lifornia Department of Soc	ial Service	es (CDSS) County Form	ns Catalo	og (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	SOC 817 NMD (1/12) C Family Caregiver Home		f Health and Safety Sta	ındards f	For Approval of	
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold			ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☒ No	
New □ Revised	DATE OF FORM 1/12	REPLACES			☐ Obsolete	
REQUIRED FORM-	REQUIRED FORM-); D00 4			
			ed With Prior DSS Approval Recommended Form OTHER:			
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:						
Department of Social Services Warehouse P.O. Box 980788			ERNET:			
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	SPECIAL INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY Use until exhausted		☐ De	Destroy			
USE NEW FORM ☐ When supply available in DSS Warehouse		⊠ Us	\boxtimes Use new form effective 1/		2	
USE FORM IN ACCORDANCE WITH						
☐ All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	SOC817.p	df			

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.