NOTICE OF FORM CHA	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			agement Unit
Listed below is information re	garding a form change. (	Only applicable information is show	n.
This notice updates your Cal	ifornia Department of So	cial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 154B (1/12) Age In Group Home	ncy - Group Home Agreement Nor	nminor Dependent Placed By Agency
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT  ☐ Yes ☐ No
New □ Revised	DATE OF FORM 1/12	REPLACES	☐ Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM- Substitute Perm	itted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:  Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:	
	FORMS DISPOSIT	ION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY  Use until exhausted		☐ Destroy	
USE NEW FORM  ☐ When supply available in DSS Warehouse		$oxed{\boxtimes}$ Use new form effective	1/2012
USE FORM IN ACCORDANCE WITH  All County Letter No. AC  Other (specify)	CL 11-77		
ADDITIONAL INFORMATION REGARDING FOR http://www.cdss.ca.gov/cdss/		/SOC154B.pdf	

Tittp://www.cuss.ca.gov/cussweb/erities/forms/Erigiish/SOC 1946.pdi

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.