NOTICE OF FORM CHANGE NO. 12-014			DATE		
			1/2	3/2012	
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	ces		nagement Un	it	
Listed below is information regarding a form change	e. Only applicable info	ormation is show	vn.		
This notice updates your California Department of	Social Services (CDS	SS) County Form	ns Catalog (PL	JB 69).	
FORM NUMBER, REVISION DATE AND TITLE SOC 157B (12/11)	SILP Inspection: Ch	ecklist Of Facilit	y Health And	Safety Standards	
ORDER UNIT	ESTIMATED PRICE	ESTIMATED PRICE		L SUPPLY SENT Yes No	
New ☐ Revised DATE OF FORM 12/11	REPLACES	REPLACES		Obsolete	
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permitted	rmitted With Prior DS	S Approval	Recomr	mended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:	• • • • • • • • • • • • • • • • • • • •			
Department of Social Services Warehouse P.O. Box 980788		⊠ INTERNET:			
West Sacramento, CA 95798-0788		☐ INTRANET:			
FORMS DISPOS	SITION AND SPECIA	L INSTRUCTIO	NS		
DISPOSITION OF OLD SUPPLY  Use until exhausted	☐ Destroy				
□ When supply available in DSS Warehouse	⊠ Use new	Use new form effective imme		У	
USE FORM IN ACCORDANCE WITH  All County Letter No. ACL 11-77					
☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC157B.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.