NOTICE OF FORM CHANGE NO. 12-042				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 Mar	nagemei	nt Unit
Listed below is information re	garding a form chang	e. Only applica	ble information is show	/n.	
This notice updates your Cal	lifornia Department of	Social Service	s (CDSS) County Form	ns Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 426A (4/12) E IHSS Program Rec				
ORDER UNIT		ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY	Free Sol	-			□ Yes
□ New	DATE OF FORM	REPLACES 6/10			Obsolete
REQUIRED FORM-	REQUIRED FORM-	I			
No Change Permitted	Substitute Pe		rior DSS Approval	🗌 🗌 Re	ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			ER:		
Department of Social Services Warehouse P.O. Box 980788			INTERNET:		
West Sacramento, CA 95798-0788					
	FORMS DISPO	SITION AND S	PECIAL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY					
Use until exhausted		🛛 De	stroy		
USE NEW FORM			e new form effective	ve Refer to ACL 12-19	
USE FORM IN ACCORDANCE WITH					
All County Letter No. htt	p://www.cdss.ca.gov/	lettersnotices/e	entres/getinfo/acl/2012/	12-19.pd	lf
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.cdss.ca.gov/cdssv	web/entres/forms/Eng	lish/SOC426A	pdf		
http://www.cdss.ca.gov/cdss	web/entres/forms/Spa	nish/SOC426A	_SP.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.