NOTICE OF FORM CHANGE NO. 12-052		DATE
		6/4/2012
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manag	gement Unit
Listed below is information regarding a form change. Onl	ly applicable information is shown.	
This notice updates your California Department of Socia	al Services (CDSS) County Forms (Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 157A (4/12) Superv Agreement	vised Independent Living Placemen	nt (SILP) Approval And Placement
ORDER UNIT MASTER ONLY ☐ Free ☐ Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
□ New □ Revised □ Parte of Form 4/12	REPLACES 12/11	☐ Obsolete
REQUIRED FORM- No Change Permitted □ Substitute Permitte	ed With Prior DSS Approval	☐ Recommended 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 DISPOSITION AND SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted	⊠ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse	oxtimes Use new form effective	immediately
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/So	OC157A.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.