NOTICE OF FORM CHANGE NO. 12-055		DATE
		6/4/2012
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change.	Only applicable information is show	n.
This notice updates your California Department of So	ocial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 177 (5/12) Facil Facility	ity Evaluation Report - Transitional I	Housing Program-Plus-Foster Care
MASTER ONLY	ESTIMATED PRICE	
New   Revised       5/12	REPLACES	□ Obsolete
REQUIRED FORM-         REQUIRED FORM-           No Change Permitted         Substitute Pern	nitted 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	<ul> <li>□ OTHER:</li> <li>☑ INTERNET:</li> <li>□ INTRANET:</li> </ul>	
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FORMS DISPOSITION OF OLD SUPPLY	TION AND SPECIAL INSTRUCTION	NS
Use until exhausted	Destroy	
USE NEW FORM	$oxed{\boxtimes}$ Use new form effective	immediately
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC177.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.