NOTICE OF FORM CHANGE NO. 12-057		DATE
		06-21-2012
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manageme	ent Unit
Listed below is information regarding a form change. Only	y applicable information is shown.	
This notice updates your California Department of Social	Services (CDSS) County Forms Catal	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 2243 (6/11) English a IHSS Recipients Notice O	•	
ORDER UNIT MASTER ONLY Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☒ No
New ☐ Revised 6/11 DATE OF FORM 6/11	REPLACES	☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Permitted	d With Prior DSS Approval	ecommended 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 DISPOSITION AND SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted	☐ Destroy	
USE NEW FORM When supply available in DSS Warehouse	□ Use new form effective Reference □ Reference	r to I-34-12
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify) http://www.cdss.ca.gov/letters	notices/entres/getinfo/acin/2012/I-34_1	12.pdf
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.cdss.ca.gov/cdssweb/entres/forms/English/SC	DC2243.pdf	

http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/SOC2243SP.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.