NOTICE OF FORM CHANGE NO. 12-058		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		agement Unit
Listed below is information regarding a form change. Of	nly applicable information is showr	٦.
This notice updates your California Department of Soc	ial Services (CDSS) County Forms	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 2244 (6/11) Englis IHSS Providers Notice C	•	
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY Free Sold		Yes No
New Revised 6/11	REPLACES	☐ Obsolete
REQUIRED FORM- REQUIRED FORM-   No Change Permitted Substitute Permitted	ted 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	INTRANET:	
FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY	Destroy	
USE NEW FORM	$oxed{\boxtimes}$ Use new form effective	Refer to I-34-12
USE FORM IN ACCORDANCE WITH		
Other (specify) http://www.cdss.ca.gov/lette	ersnotices/entres/getinfo/acin/2012	/I-34_12.pdf
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
http://www.cdss.ca.gov/cdssweb/entres/forms/English/S	SOC2244.pdf	
http://www.cdss.ca.gov/cdssweb/entres/forms/Spanish/	/SOC2244SP.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.