NOTICE OF FORM CHANGE NO. 12-071				DATE	
				07-25-2012	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Managem	ent Unit	
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your Ca	lifornia Department of Socia	al Services	(CDSS) County Forms Cata	log (PUB 69).	
SOC 877 (11/11) English and Spanish (All Languages) In-Home Supportive Services (IHSS) Program Application For Supplemental Care					
ORDER UNIT MASTER ONLY	│ │	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No	
□ New □ Revised	DATE OF FORM 11/11	REPLACES		☐ Yes ☐ NO	
REQUIRED FORM- REQUIRED FORM-					
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			OTHER:		
Department of Social Services Warehouse P.O. Box 980788		⊠ INTEI	☑ INTERNET:		
West Sacramento, CA 95798-0788			INTRANET:		
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS					
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Dest	roy		
USE NEW FORM ☐ When supply available in DSS Warehouse			e new form effective		
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR		. 5			
This Form SOC 877 has bee	n removed from the interne	et. Please	destroy.		

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.