NOTICE OF FORM CHANGE NO. 13-088					DATE
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices			FROM: Forms Management Unit		
District Attorney Private and Public Adoption Agencies Other					
Listed below is information regarding a form change. Only applicable information is shown.					
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).					
SOC 871 (7/12) Statement Of Facts (SOF) Summary Sheet IHSS Program Caregiver Background Check Bureau (CBCB), General Exception Unit (GEU)					
ORDER UNIT MASTER ONLY	│ │	ESTIMATED PRICE			INITIAL SUPPLY SENT Yes No
New ☐ Revised	DATE OF FORM 7/12	REPLACES		☐ Obsolete	
REQUIRED FORM- No Change Permitted Required Form- Substitute Permitted 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			e new form effective	Refer	to ACL 12-22
□ All County Letter No. htt □ Other (specify)	p://www.cdss.ca.gov/letters	snotices/e	ntres/getinfo/acl/2012/	12-22.pd	f
ADDITIONAL INFORMATION REGARDING FOR http://www.cdss.ca.gov/cdss/		60C871.pc	df		

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.