NOTICE OF FORM CHANGE NO. 13-107	DATE
	09/25/2013
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies	l l
Other	
Listed below is information regarding a form change. Only applicable infor	mation is snown.
This notice updates your California Department of Social Services (CDSS	3) County Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 412 (8/02) English and Spanish IHSS Employee's Claim For Workers' Com	·
ORDER UNIT SET Free Sold	initial supply sent Yes No
DATE OF FORM REPLACES REPLACES 8/02	⊠ Obsolete
REQUIRED FORM-	_
□ No Change Permitted □ Substitute Permitted 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	
FORMS DISPOSITION AND SPECIAL	INSTRUCTIONS
□ Use until exhausted □ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form	orm effective
USE FORM IN ACCORDANCE WITH	
All County Letter No.	
Other (specify)	
ADDITIONAL INFORMATION REGARDING FORM CHANGE	
Form is obsolete as of September 25, 2013	

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.