NOTICE OF FORM CHANGE NO. 10-015			DATE
			04-06-2010
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Management Unit	
Listed below is information re	egarding a form change. Or	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soci	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 824 (1/10) IHSS QA/AI, PCSP, IPV	V and IHSS-R Programs	
ORDER UNIT MASTER ONLY	☐ Free ☐ Sold	ESTIMATED PRICE	
	DATE OF FORM	REPLACES 1/07	
REQUIRED FORM-	REQUIRED FORM-		
No Change Permitted	Substitute Permit	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:			
Department of Social Services Warehouse P.O. Box 980788		INTERNET:	
West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
use New FORM ☐ When supply available in DSS Warehouse		oxtimes Use new form effective	date of letter
USE FORM IN ACCORDANCE WITH All County Letter No. ht Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/entres/getinfo/acin/2010	/l-10_10.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	sweb/entres/forms/English/	/soc824.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.