NOTICE OF FORM CHANGE NO. 10-021					DATE	
					05-12-2010	
To:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	nagemei	nt Unit	
Listed below is information re	garding a form change. O	nly applica	able information is show	'n.		
This notice updates your Ca	ifornia Department of Soc	ial Service	s (CDSS) County Form	s Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	ILP 1 (3/10) Independent Living Prog	gram Annu	al Report And Plan Fed	deral Fis	cal Year (FFY) 2009	
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  Yes No	
☐ New ☐ Revised	DATE OF FORM 3/10	REPLACES 1/09			☐ Obsolete	
REQUIRED FORM-  REQUIRED FORM-  REQUIRED FORM-  REQUIRED FORM-						
□ No Change Permitted □ Substitute Permitted With Prior DSS Approval □ Recommended Form  UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: □ OTHER:					ecommended Form	
Department of Social Services Warehouse P.O. Box 980788			☐ INTERNET:			
West Sacramento, CA 95798-0788			☐ INTRANET:			
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
□ Use until exhausted □ Destroy						
□ When supply available in DSS Warehouse			☐ Use new form effective see A		CIN instructions	
USE FORM IN ACCORDANCE WITH  All County Letter No.						
☑ Other (specify) I-38-10						
ADDITIONAL INFORMATION REGARDING FOR						
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	/ilp1.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.