NOTICE OF FORM CHANGE NO. 11-007		DATE
		01-28-2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Off District Attorney Private and Public Adoption Agencies Other		agement Unit
Listed below is information regarding a form change	ge. Only applicable information is show	n.
This notice updates your California Department of	Social Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 426 (1/11) IHSS Program Prov	vider Enrollment Form	
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY ⊠ Free □ Sol	ld	☐ Yes ⊠ No
☐ New ☐ Revised ☐ 1/11	REPLACES 9/09	☐ Obsolete
REQUIRED FORM- No Change Permitted Substitute Po	ermitted 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 DISPO	SITION AND SPECIAL INSTRUCTIO	NS
DISPOSITION OF OLD SUPPLY Use until exhausted	⊠ Destroy	
USE NEW FORM When supply available in DSS Warehouse	☐ Use new form effective	see ACL
SE FORM IN ACCORDANCE WITH ☐ All County Letter No. http://www.cdss.ca.gov/ ☐ Other (specify)	/lettersnotices/entres/getinfo/acl/2011/	11-12.pdf
ADDITIONAL INFORMATION REGARDING FORM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC426.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.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.