NOTICE OF FORM CHANGE NO. 11-008					DATE
					01/28/2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	ageme	nt Unit
Listed below is information re	garding a form change. O	nly applica	ble information is show	n.	
This notice updates your Cal	lifornia Department of Soc	ial Service	s (CDSS) County Form	s Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 426C (10/10) IHSS Program California	a Code Se	ctions		
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED I	ESTIMATED PRICE		INITIAL SUPPLY SENT
WASTER UNLY	DATE OF FORM	REDI ACES	REPLACES		☐ Yes ☐ No
oxtimes New $oxtimes$ Revised	10/10				☐ 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		⊠ Us	☐ Use new form effective see		CL
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	p://www.cdss.ca.gov/letter	rsnotices/e	ntres/getinfo/acl/2011/1	I1-12.pd	lf
ADDITIONAL INFORMATION REGARDING FOR					
http://www.cdee.ca.gov/cdees	web/entree/forme/English/9	SUCASEC	ndf		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC426C.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.