NOTICE OF FORM CHANGE NO. 11-024					DATE 3/16/2011
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Man	agemer	nt Unit
Listed below is information re	egarding a form change. C	only applica	able information is show	n.	
This notice updates your Ca	lifornia Department of Soc	cial Service	es (CDSS) County Form	s Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 818 (12/10) English Caregiv ORDER UNIT MASTER ONLY DATE OF FORM				Relative E	INITIAL SUPPLY SENT Yes No
□ New ☐ Revised REQUIRED FORM-	12/10 REQUIRED FORM-	7/04			□ Obsolete
No Change Permitted Substitute Permitted UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			Prior DSS Approval HER: ERNET: RANET:	Re	ecommended Form
	FORMS DISPOSITI	ON AND S	SPECIAL INSTRUCTIO	NS	
Use until exhausted		☐ De	stroy		
USE NEW FORM ☐ When supply available in DSS Warehouse ☐ Use new form effective 12/22/2010					
USE FORM IN ACCORDANCE WITH All County Letter No. 10 Other (specify)	0-60 http://www.cdss.ca	.gov/letters	snotices/entres/getinfo/a	cl/2010/	10-60.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
http://www.cdss.ca.gov/cdss	web/entres/forms/English/	/SOC818.F	PDF		
http://www.cdss.ca.gov/cdss	web/entres/forms/Spanish	n/SOC818\$	SP.pdf		
Camera-ready copies are cu http://www.dss.cahwnet.gov/ Form information on forms no	cdssweb/FormsandPu_27	71.htm.		s.ca.gov	<i>r</i> .
Contact Language Services	for other languages at (91	6) 651-887	76 or by e-mail at LTS@	dss.ca.g	ov.