NOTICE OF FORM CHANGE NO. 11-133			DATE
			11-02-2011
District Attorney		FROM: Forms Management Unit	
Listed below is information re	egarding a form change. O	nly applicable information is show	n.
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County Form	s Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 831 (10/11) IHSS Provider Letter		
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED PRICE	
		REPLACES	
	10/11	7/11	☐ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Servio P.O. Box 980788	ces Warehouse	INTERNET:	
West Sacramento, CA 95798-0788		□ INTRANET:	
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTION	NS
DISPOSITION OF OLD SUPPLY		⊠ Destroy	
USE NEW FORM		Use new form effective	November 1, 2011
All County Letter No.			
Other (specify)			
ADDITIONAL INFORMATION REGARDING FO			
http://www.odoo.oo.gov/odoo	wob/optrog/formg/Engligh/	COC021 pdf	

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC831.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.