NOTICE OF FORM CHANGE NO. 11-141			DATE
			11-14-2011
District Attorney		FROM: Forms Mana	gement Unit
Listed below is information re	egarding a form change. Or	nly applicable information is shown	
This notice updates your Ca	lifornia Department of Soci	ial Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 876 (10/11) IHSS Notice Of Provisional Ap	Program oproval Health Care Certification Ex	
ORDER UNIT MASTER ONLY	⊠ Free □ Sold	ESTIMATED PRICE	
	DATE OF FORM 10/11	REPLACES	
REQUIRED FORM-	REQUIRED FORM-	ted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTHER:	
Department of Social Services Warehouse P.O. Box 980788			
West Sacramento, CA 95798-0788			
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	S
DISPOSITION OF OLD SUPPLY		□ Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	refer to ACL 11-76
USE FORM IN ACCORDANCE WITH All County Letter No. htt Other (specify)	tp://www.cdss.ca.gov/letter	rsnotices/entres/getinfo/acl/2011/11	-76.pdf
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE		
http://www.cdss.ca.gov/cdss	web/entres/forms/English/S	SOC876.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.