TO:       County Welfare Director         Supply Clerk / Forms Coordinator       FROM:         Community Care Licensing District Offices       Forms Management Unit         District Attorney       Private and Public Adoption Agencies         Other       Other         Listed below is information regarding a form change. Only applicable information is shown.         This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69)         ORM NUMBER, REVISION DATE AND TITLE       SOC 877 (11/11)         In-Home Supportive Services (IHSS) Program Application For Supplemental         ORDER UNIT       Free         MASTER ONLY       Free         DATE OF FORM       REPLACES         MASTER ONLY       Revised         DATE OF FORM       REPLACES         MASTER FORM-       REQUIRED FORM-	NOTICE OF FORM CHANGE NO. 11-152	
County Welfare Director       Forms Coordinator         Supply Clerk / Forms Coordinator       Forms Management Unit         Community Care Licensing District Offices       District Attorney         Private and Public Adoption Agencies       Other         Listed below is information regarding a form change. Only applicable information is shown.       This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69)         ORM NUMBER. REVISION DATE AND TITLE       SOC 877 (11/11)         In-Home Supportive Services (IHSS) Program Application For Supplemental         DRDER UNIT       Free         MASTER ONLY       Free         MASTER ONLY       Dre or FORM         MASTER ONLY       Prece         MASTER ONLY       Estimated Prote         MASTER ONLY       Prece         MASTER ONLY       Prece         MASTER ONLY       Prece         Master ORM       Recuired Form         Recuired Form       Recuired Form         No Change Permitted       Substitute Permitted With Prior DSS Approval         INTERNET:       OTHER:         P.O. Box 980788       INTERNET:         West Sacramento, CA 95798-0788       INTRANET:         Stree of RM       Destroy         INER NET:       Destroy <tr< th=""><th></th><th>12-06-2011</th></tr<>		12-06-2011
This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69)         ORM NUMBER, REVISION DATE AND TITLE       SOC 877 (11/11)         In-Home Supportive Services (IHSS) Program Application For Supplemental         ORDER UNIT       In-Home Supportive Services (IHSS) Program Application For Supplemental         ORDER UNIT       In-Home Supportive Services (IHSS) Program Application For Supplemental         ORDER UNIT       In-Home Supportive Services (IHSS) Program Application For Supplemental         MASTER ONLY       Free       Sold         MASTER ONLY       In-Free       INITIAL SUPPLY         Master of Form       Required Form.       Obsol         Required Form.       Required Form.       Obsol         No Change Permitted       Substitute Permitted With Prior DSS Approval       Recommende         JNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:       OTHER:       OTHER:         Department of Social Services Warehouse       INTERNET:       INTERNET:         P.O. Box 980788       INTERNET:       INTERNET:         West Sacramento, CA 95798-0788       INTERNET:       INTERNET:         INSPOSITION OF OLD SUPPLY       Destroy       Destroy         ISE FORM IN ACCORDANCE WITH       Destroy       Use new form effective       refer to 11-81         ISE FORM IN ACCORDANCE WIT	e Director Forms Coordinator re Licensing District Offices y	agement Unit
ORM NUMBER. REVISION DATE AND TITLE       SOC 877 (11/11)         In-Home Supportive Services (IHSS) Program Application For Supplemental         ORDER UNIT       In-Home Supportive Services (IHSS) Program Application For Supplemental         MASTER ONLY       Free       Sold         MASTER ONLY       Pree       Sold         MASTER ONLY       Pree       Sold         MASTER ONLY       Pree       Sold         MASTER ONLY       Pree       Obsol         MASTER ONLY       Pree       Obsol         MASTER ONLY       Pree       Obsol         Master Ontropic Prome       Required form       Obsol         Required form-       Required form-       Obsol         Required form-       Required form-       Other of Social Services Warehouse         P.O. Box 980788       INTERNET:       OTHER:         Department of Social Services Warehouse       INTERNET:       INTRANET:         Seposition of old SUPPLY       INTRANET:       INTRANET:         Vise until exhausted       Destroy       Destroy         ISE NEW FORM       Use new form effective refer to 11-81         Seposition of old Supply available in DSS Warehouse       Use new form effective refer to 11-81         Sep Form in Accordance with       All County Letter No. h	on regarding a form change. Only applicable info	n.
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Date of Form       Replaces         New       Revised         11/11       Obsol         Required Form.       Required Form.         No Change Permitted       Substitute Permitted With Prior DSS Approval       Recommende         JNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:       OTHER:       INTERNET:       INTERNET:         Department of Social Services Warehouse       INTERNET:       INTERNET:       INTERNET:         Vest Sacramento, CA 95798-0788       INTRANET:       INTRANET:         FORMS DISPOSITION AND SPECIAL INSTRUCTIONS         NSPOSITION OF OLD SUPPLY         Use until exhausted       Destroy         INSPOSITION OF OLD SUPPLY       Destroy         INSE NEW FORM       Use new form effective       refer to 11-81         INSE FORM IN ACCORDANCE WITH       All County Letter No. http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-81.pdf         Other (specify)       Other (specify)		INITIAL SUPPLY SENT
New       Revised       11/11       Obsol         REQUIRED FORM-       REQUIRED FORM-       Obsol         No Change Permitted       Substitute Permitted With Prior DSS Approval       Recommender         JNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:       OTHER:       Internet         Department of Social Services Warehouse       INTERNET:       INTERNET:         P.O. Box 980788       INTERNET:       INTRANET:         West Sacramento, CA 95798-0788       INTRANET:       INTRANET:         FORMS DISPOSITION AND SPECIAL INSTRUCTIONS         INSPOSITION OF OLD SUPPLY         Use until exhausted       Destroy         ISE NEW FORM         When supply available in DSS Warehouse       Use new form effective       refer to 11-81         ISE FORM IN ACCORDANCE WITH         All County Letter No. http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-81.pdf         Other (specify)       Other (specify)		☐ Yes ⊠ No
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JNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 INTRANET: FORMS DISPOSITION AND SPECIAL INSTRUCTIONS DISPOSITION OF OLD SUPPLY Use until exhausted Destroy JSE NEW FORM When supply available in DSS Warehouse SE FORM IN ACCORDANCE WITH All County Letter No. http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-81.pdf Other (specify)		
Department of Social Services Warehouse       INTERNET:         P.O. Box 980788       INTERNET:         West Sacramento, CA 95798-0788       INTRANET:         FORMS DISPOSITION AND SPECIAL INSTRUCTIONS         Disposition OF OLD SUPPLY         Use until exhausted       Destroy         INSE NEW FORM       Destroy         Vhen supply available in DSS Warehouse       Use new form effective         ISE FORM IN ACCORDANCE WITH       All County Letter No. http://www.cdss.ca.gov/lettersnotices/entres/getinfo/acl/2011/11-81.pdf         Other (specify)       Other (specify)		Recommended Form
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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.