NOTICE OF FORM CHANGE NO. 11-157		DATE
		12-07-2011
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Off District Attorney Private and Public Adoption Agencies Other		nagement Unit
Listed below is information regarding a form chang	je. Only applicable information is sho	wn.
This notice updates your California Department of	Social Services (CDSS) County Form	ms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 874 (11/11) IHSS Program Noti	ce To Applicant Of Health Care Certi	fication Requirement
ORDER UNIT MASTER ONLY □ Free □ Sol	ESTIMATED PRICE	INITIAL SUPPLY SENT
New Revised 11/11	REPLACES 7/11	☐ Yes ☐ No ☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute Pe	ermitted With Prior DSS Approval	Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788	☐ OTHER: ☐ INTERNET: ☐ INTRANET:	ixecommended i omi
<u> </u>	SITION AND SPECIAL INSTRUCTION	- NC
DISPOSITION OF OLD SUPPLY	SITION AND SPECIAL INSTRUCTION	2143
Use until exhausted	☐ Destroy	
USE NEW FORM ☐ When supply available in DSS Warehouse	☐ Use new form effective	refer to I-74-11
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify) http://www.cdss.ca.gov/	lettersnotices/entres/getinfo/acin/201	1/I-74_11.pdf
ADDITIONAL INFORMATION REGARDING FORM CHANGE		

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC874.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.