NOTICE OF FORM CHANGE NO. 11-158			DATE
			12-07-2011
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Management Unit	
Listed below is information re	garding a form change. Or	nly applicable information is shown.	
This notice updates your Ca	lifornia Department of Soci	al Services (CDSS) County Forms	Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	SOC 875 (11/11) IHSS Program Notice To	Recipient Of Health Care Certifica	ation Requirement
ORDER UNIT MASTER ONLY	🖾 Free 🗌 Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
□ New ⊠ Revised	DATE OF FORM 11/11	REPLACES 7/11	□ Obsolete
REQUIRED FORM-	REQUIRED FORM-	ed 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:	
	FORMS DISPOSITIO	ON AND SPECIAL INSTRUCTION	S
DISPOSITION OF OLD SUPPLY		Destroy	
USE NEW FORM		$oxed{\boxtimes}$ Use new form effective	refer to I-74-11
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify) htt	p://www.cdss.ca.gov/letter	snotices/entres/getinfo/acin/2011/I-	74_11.pdf
ADDITIONAL INFORMATION REGARDING FOR http://www.cdss.ca.gov/cdss		SOC875.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.