

## DEPARTMENT OF SOCIAL SERVICES

744 P Street, Sacramento, CA 95814  
916/322-2230



February 5, 1979

ALL-COUNTY INFORMATION NOTICE I-16-79

TO: ALL COUNTY WELFARE DIRECTORS

SUBJECT: IN-HOME SUPPORTIVE SERVICES (IHSS) PROGRAM MONTHLY CASELOAD,  
HOURS AND COSTS (Form SOC 296)

REFERENCE: ALL COUNTY INFORMATION NOTICE I-105-78 dated 10-30-78

This is a reminder that the responsibility within the Department of Social Services for the IHSS Monthly Caseload, Hours and Cost Report (Form SOC 296) is in the Data Management and Analysis Bureau (DMAB). The due date for this report to be received by DMAB is the 30th day of the month following the report month. Please do not send the report to the Resources Analysis and Audit Section address printed on the form.

Instead, the SOC 296 report should be sent to:

Department of Social Services  
Data Management and Analysis Bureau  
744 P Street, Mail Station 12-81  
Sacramento, CA 95814

Any questions regarding this Information Notice should be directed to the Data Management and Analysis Bureau at (916) 322-2230 or (ATSS) 492-2230.

Sincerely,

A handwritten signature in cursive script, appearing to read "R. E. Ketch".

R. E. KETCH

Deputy Director

cc: CWDA