Reset Form Save As

Relieve Invoice Holds

Regional Center: Date:

Contact Person: E-mail: Phone No:

UCI	SOF	B & C P & I	YEAR/ MONTH

Save & send to: ast@dds.ca.gov

Or Fax to: CAPSS - Application Support Team at (916) 654-2434

CAPSS USE ONLY:	Received:	Completed:
	Completed by:	Reference No: