NOTICE OF FORM CHANGE NO. 15-123					DATE	
					6/1/2015	
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Form	ns Managemer	nt Unit	
Listed below is information re	egarding a form change. O	nly applicab	le information	is shown.		
This notice updates your Ca	lifornia Department of Soc	cial Services	(CDSS) Cour	nty Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	PUB 439 (4/15) - Licens	se Exempt P	rovider Pamp	hlet		
ORDER UNIT	⊠ Free ☐ Sold	ESTIMATED PF	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes X No	
☐ New ☐ Revised	DATE OF FORM 4/15	REPLACES 6/08			Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitted W	lith Drior DS	S Approval	Recommende	d Form	
UNLESS OTHERWISE SPECIFIED STO		OTHE			u i Oilli	
Department of Social Services Warehouse			ERNET:			
P.O. Box 980788 West Sacramento, CA 95798-0788			NTRANET:			
	FORMS DISPOSITI	ON AND SP	ECIAL INST	RUCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted		Dest	roy			
USE NEW FORM When supply available in	n DSS Warehouse 🔀 Us	e new form	effective	Immed	diately	
USE FORM IN ACCORDANCE WITH						
All County Letter No.						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					

http://www.cdss.ca.gov/cdssweb/entres/forms/English/PUB439.pdf