NOTICE OF FORM CH		1	DATE		
					2/16/2016
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma	anagemen	t Unit
Listed below is information	regarding a form change.	Only applica	ble information is sho	own.	
This notice updates your C	alifornia Department of So	cial Service	s (CDSS) County For	rms Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITL	^E LIC 421D (12/15) Civil LIC 421E (12/15) Civil	•		dily Injury/P	
ORDER UNIT MASTER ONLY	X Free Sold	ESTIMATED PRICE			
	DATE OF FORM 12/15	REPLACES	REPLACES		Obsolete
REQUIRED FORM-	REQUIRED FORM-	Nith Prior D	SS Approval 🗌 Rec	commended	l Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			ER: ERNET: RANET:		
	FORMS DISPOSIT	ION AND S	PECIAL INSTRUCTI	IONS	
DISPOSITION OF OLD SUPPLY			stroy		
USE NEW FORM					
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING F		ich /UC424D	ndf		
http://www.cdss.ca.gov/cd	issweb/entres/forms/Engli	ISTI/LIC421D	<u>.pur</u>		
http://www.cdss.ca.gov/cd	ssweb/entres/forms/Engli	ish/LIC421E	.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.