NOTICE OF FORM CHANGE NO. 16-022					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: Form	ns Managemer	nt Unit	
Listed below is information re	garding a form chang	e. Only applica	ble information i	s shown.		
This notice updates your Ca	lifornia Department of	Social Service	s (CDSS) Count	y Forms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 421B (12/15) C	•	_		nild Care	
ORDER UNIT MASTER ONLY	⊠ Free Sold	ESTIMATED I	ESTIMATED PRICE		INITIAL SUPPLY SENT	
New ⊠ Revised	DATE OF FORM 12/12	REPLACES 7/11			Yes No Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Prior DS	SS Approval	Recommende	d Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788				recommende	4 T 5 T T T	
	FORMS DISPO	SITION AND S	PECIAL INSTR	UCTIONS		
DISPOSITION OF OLD SUPPLY Use until exhausted Destroy						
USE NEW FORM When supply available in	n DSS Warehouse	Use new form	effective	Imme	diately	
USE FORM IN ACCORDANCE WITH						
All County Letter No.Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					
http://www.cdss.ca.gov/cdss		nglish/LIC421B	.PDF			
http://www.cdss.ca.gov/cdss	sweh/entres/forms/Fu	nglish/LICA21C	ndf			

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.