NOTICE OF FORM CH			DATE		
					9/15/2016
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forr	ns Managemer	nt Unit
Listed below is information re	garding a form change.	Only applica	ble information	is shown.	
This notice updates your Cal	lifornia Department of So	ocial Service	s (CDSS) Cour	ty Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	See Below for FC 30	and FC 31			
ORDER UNIT	K Free Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT	
🗙 New 🗌 Revised	DATE OF FORM 8/16	REPLACES		Obsolete	
REQUIRED FORM- No Change Permitted UNLESS OTHERWISE SPECIFIED STOR Department of Social Service P.O. Box 980788 West Sacramento, CA 95798	☐ OTH X INTE	Ith Prior DSS Approval       Recommended Form         OTHER:       INTERNET:         INTRANET:       INTRANET:			
	FORMS DISPOSI	TION AND S	PECIAL INSTR	RUCTIONS	
SPOSITION OF OLD SUPPLY Use until exhausted X Destroy					
USE NEW FORM	effective	Immed	diately		
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
FC 30 (8/16) - Group Home E http://www.cdss.ca.gov/cds	-	lish/FC30.pd	f		
FC 31 (8/16) - Accreditation F http://www.cdss.ca.gov/cdss			<u>f</u>		

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.