

NOTICE OF FORM CHANGE NO. 04-061

DATE

02/26/2004

TO:
County Welfare Director
Supply Clerk / Forms Coordinator

FROM:
Forms Management Unit
(916) 657-1907

Community Care Licensing District Offices
 Private and Public Adoption Agencies

District Attorney
 Other

Listed below is information regarding a form change. Only applicable information is shown.

This notice updates your Department of Social Services County Forms Catalog.

FORM NUMBER AND TITLE LIC 183D (12/03) - Forms Request - Family Child Care Homes

ORDER UNIT MASTER ONLY	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 12/03	REPLACES 10/02	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<input type="checkbox"/> Other:	

FORMS DISPOSITION AND SPECIAL INSTRUCTIONS

DISPOSITION OF OLD SUPPLY

Use until exhausted Destroy

USE NEW FORM

When supply available in DSS Warehouse Use new form effective 12/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov.

FORMS REQUEST- FAMILY CHILD CARE HOMES

FORM NUMBER AND TITLE <i>(Only one master copy will be sent for duplicating purposes. Please refer to our websites for additional copies of forms).</i>		(Check <input checked="" type="checkbox"/> One)		
		ENGLISH	SPANISH	BOTH
LIC 198	Child Abuse Central Index Check (For County Licensed Facilities) *			
LIC 198A	Child Abuse Central Index Check (For State Licensed Facilities) *			
LIC 282	Affidavit Regarding Liability Insurance for Family Child Care Home *			
LIC 508	Criminal Record Statement *			
LIC 610A	Emergency Disaster Plan *			
LIC 627	Consent for Emergency Medical Treatment *			
LIC 700	Identification and Emergency Information *			
LIC 995A	Parents Rights *			
LIC 9040	Child Care Facility Roster *			
LIC 9052	Notice of Employee's Rights *			
LIC 9108	Statement Acknowledging Requirement to Report Suspected Child Abuse *			
LIC 9148	Earthquake Preparedness Checklist *			
LIC 9150	Parent Notification Additional Children In Care *			
LIC 9163	Live Scan Application *			
LIC 9166	Consent/Verification For Nebulizer Care For Child Care Facilities *			
LIC 9183	Fingerprint Instructions (For State Licensed Facilities Only) *			
LIC 9184	Fingerprint Instructions (For County Licensed Facilities Only) *			
LIC 9194	Live Scan Instructions (For State Licensed Facilities) *			
FD 258 (CCL)	FBI Fingerprint Card (Not available on Internet)			
PM 286	California School Immunization Record (Not available on Internet)			
PUB 72	Family Child Care-What Are Parents Responsibilities *			

Licensing forms in English may be accessed at <http://www.cclد.ca.gov>
 Licensing forms in Spanish may be accessed at <http://www.cclد.ca.gov>

PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX

CDSS Warehouse
 P.O. Box 980788
 West Sacramento, California 95798-0788

Contains printed matter, may be opened for postal inspection.
 Return postage guaranteed

TO _____			
Facility Name _____			
Facility Address _____			
City _____	State _____	Zip _____	
Check One Licensed By:	<input type="checkbox"/> STATE	<input type="checkbox"/> COUNTY	

CUSTOMER'S PHONE NUMBER _____
 Date _____