

NOTICE OF FORM CHANGE NO. 04-062

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 183 (10/03) - Forms Request - Group 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 10/03	REPLACES 11/02	<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 10/03

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 - GROUP HOMES

COMMUNITY TREATMENT FACILITY(S), FOSTER FAMILY AGENCY(S), & TRANSITIONAL HOUSING PLACEMENT PROGRAM(S)

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 198A	Child Abuse Central Index Check (For State)*			
LIC 308	Designation of Administrative Responsibility *			
LIC 309	Administrative Organization *			
LIC 400	Affidavit Regarding Client/Resident Cash Resources *			
LIC 405	Record of Client's/Resident's Safeguarded Cash Resources *			
LIC 424	Accounting Record for Change of Licensee			
LIC 500	Personnel Report *			
LIC 501	Personnel Record *			
LIC 503	Health Screening Report - Facility Personnel *			
LIC 508	Criminal Record Statement *			
LIC 601	Identification and Emergency Information *			
LIC 602	Physician's Report For Community Care Facilities			
LIC 603	Preplacement Appraisal Information			
LIC 604	Admission Agreement-Residential Facilities			
LIC 605A	Release of Client/Resident Medical Information			
LIC 610C	Emergency Disaster Plan *			
LIC 613B	Personal Rights *			
LIC 621	Client/Resident Personal Property and Valuables *			
LIC 622	Centrally Stored Medication and Destruction Record *			
LIC 624	Unusual Incident/Injury Report *			
LIC 624A	Death Report			
LIC 625	Appraisal/Needs and Services Plan *			
LIC 627B	Consent for Emergency Medical Treatment for Children's Res *			
LIC 9020	Register of Facility Clients/Residents			
LIC 9158	Telecommunications Device Notification			
LIC 9163	Live Scan Application *			
LIC 9183	Fingerprint Instructions (For State Licensed Facilities) *			
LIC 9194	Live Scan Instructions (For State Licensed Facilities) *			
FD 258 (CCL)	FBI Fingerprint Card (Not available on Internet)			
PUB 326	Facts You Need to Know, Group Home Board of Directors (Contains LIC 9165-Board of Directors Statement)			

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