

**NOTICE OF FORM CHANGE NO. 08-070**

DATE

6/13/2008

**TO:**

County Welfare Director  
 Supply Clerk / Forms Coordinator  
 Community Care Licensing District Offices  
 District Attorney  
 Private and Public Adoption Agencies  
 Other

**FROM:**

Forms Management Unit  
 (916) 657-1907

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

This notice updates your California Department of Social Services (CDSS) County Forms Catalog (PUB 69).

|   |  |   |   |  |  |
|---|--|---|---|--|--|
| FORM NUMBER, REVISION DATE AND TITLE  |  |   |   | LIC 200A (6/08)<br>Application For A Child Care Center License |  |
| ORDER UNIT  | ESTIMATED PRICE  |   | INITIAL SUPPLY SENT   |  |  |
| MASTER ONLY   | <input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold |   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |  |
| <input type="checkbox"/> New <input checked="" type="checkbox"/> Revised  | DATE OF FORM<br>6/08   | REPLACES<br>8/03  | <input type="checkbox"/> <b>Obsolete</b>                            |  |  |
| REQUIRED FORM-  |  | REQUIRED FORM-  |   |  |  |
| <input checked="" type="checkbox"/> No Change Permitted   |  | <input type="checkbox"/> Substitute Permitted With Prior DSS Approval |   | <input type="checkbox"/> Recommended Form                      |  |
| UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:   |  |   | OTHER:  |  |  |
| <b>Department of Social Services Warehouse</b><br><b>P.O. Box 980788</b><br><b>West Sacramento, CA 95798-0788</b> |  |   | <input checked="" type="checkbox"/> INTERNET:                       |  |  |
|   |  |   | <input type="checkbox"/> INTRANET:                                  |  |  |

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

|   |   |
|---|---|
| DISPOSITION OF OLD SUPPLY                                       |   |
| <input type="checkbox"/> Use until exhausted                    | <input type="checkbox"/> Destroy  |
| USE NEW FORM  |   |
| <input type="checkbox"/> When supply available in DSS Warehouse | <input checked="" type="checkbox"/> Use new form effective <u>immediately</u> |
| USE FORM IN ACCORDANCE WITH                                     |   |
| <input type="checkbox"/> All County Letter No.                  |   |
| <input type="checkbox"/> Other (specify)                        |   |

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

<http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC200A.pdf>

Camera-ready copies are currently available on the CDSS Internet. Go to [www.dss.cahwnet.gov/cdssweb/FormsandPu\\_271.htm](http://www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm).

Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov).

Contact Language Services for other languages at (916) 651-8876 or by e-mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).