NOTICE OF FORM CHANGE NO. 13-150					DATE
					1/06/2014
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			DM: Forms Mar	nageme	nt Unit
Listed below is information re	egarding a form change. C	Only applicable inf	ormation is show	vn.	
This notice updates your Ca	lifornia Department of So	cial Services (CD	SS) County Form	ns Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 184B (12/13) Notification Of Incompl	ete Application Fa	amily Child Care	Home	
ORDER UNIT	DER UNIT ESTIMATED PRICE				INITIAL SUPPLY SENT
MASTER ONLY	☐ Free ☐ Sold				☐ Yes ☐ No
\square New $oxtimes$ Revised	DATE OF FORM 12/13	REPLACES 12/10		Obsolete	
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Perm	itted With Prior D	SS Approval	□R€	ecommended Form
UNLESS OTHERWISE SPECIFIED STO Department of Social Service P.O. Box 980788 West Sacramento, CA 9579	☐ OTHER: ☐ INTERNET ☐ INTRANET				
	FORMS DISPOSIT	ION AND SPECIA	AL INSTRUCTIO	NS	
DISPOSITION OF OLD SUPPLY Use until exhausted		⊠ Destroy			
use NEW FORM ☐ When supply available in	⊠ Use new	☐ Use new form effective 12/20		13	
USE FORM IN ACCORDANCE WITH					
Other (specify)					
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE				
http://www.cdss.ca.gov/cdss	web/entres/forms/English	/LIC184B.pdf			

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.