NOTICE OF FORM CHANGE NO. 14-023		DATE
		2/20/2014
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manageme	ent Unit
Listed below is information regarding a form change. Onl	y applicable information is shown.	
This notice updates your California Department of Socia	I Services (CDSS) County Forms Catalo	og (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE LIC 184B (1/14) Notification Of Incomplete	e Application - Family Child Care Home	
	ESTIMATED PRICE	
MASTER ONLY Free Sold	REPLACES	Yes No
	12/13	
REQUIRED FORM-		
		ecommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:	OTHER:	
Department of Social Services Warehouse P.O. Box 980788		
West Sacramento, CA 95798-0788		
FORMS DISPOSITIO	N AND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY	⊠ Destroy	
NEW FORM When supply available in DSS Warehouse When supply available in DSS Warehouse Given supply available in DSS Warehouse		tively immediately
USE FORM IN ACCORDANCE WITH		
☐ All County Letter No.		
Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		

http://www.cdss.ca.gov/cdssweb/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.