NOTICE OF FORM CHANGE NO. 14-039			DATE	
				3/28/2014
To: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	F	ROM: Forms Mana	gemen	t Unit
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 SOC 2249 (3/14) Qualified Agency Certifica	ation Applica	ion Checklist		
ORDER UNIT	ESTIMATED PRICE			INITIAL SUPPLY SENT
MASTER ONLY ☐ Free ☐ Sold				☐ Yes ☐ No
	REPLACES 1/14			Obsolete
REQUIRED FORM- No Change Permitted Required Form- Substitute Permitted With Prior DSS Approval Recommended Form				
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:				
Department of Social Services Warehouse P.O. Box 980788		TERNET:		
West Sacramento, CA 95798-0788				
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS				
ISPOSITION OF OLD SUPPLY ☐ Use until exhausted ☐ Destroy				
use New FORM ☐ When supply available in DSS Warehouse ☐ Us		ew form effective	ACL 1	4-02
SEFORM IN ACCORDANCE WITH ☐ All County Letter No. http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-02.pdf ☐ Other (specify)				
ADDITIONAL INFORMATION REGARDING FORM CHANGE				

http://www.cdss.ca.gov/cdssweb/entres/forms/English/SOC2249.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.