NOTICE OF FORM CHANGE NO. 15-03

DATE
01/28/2015

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

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
CCP 4 (10/14) - Health And Safety Self-Certification (For license-exempt providers)

ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
	☒ Free ☐ Sold		☐ Yes ☒ No
☐ New ☒ Revised	DATE OF FORM 10/14	REPLACES 10/98	☐ **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
West Sacramento, CA 95798-0788

☐ OTHER:
☒ INTERNET:
☐ INTRANET:

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 Refer to ACL 14-85

USE FORM IN ACCORDANCE WITH
☒ All County Letter No. 14-85
☐ Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

http://www.cdss.ca.gov/cdssweb/entres/forms/English/CCP4.PDF

http://www.cdss.ca.gov/lettersnotices/EntRes/getinfo/acl/2014/14-85.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.