

**NOTICE OF FORM CHANGE NO.**

DATE

**TO:**County Welfare Director  
Supply Clerk / Forms Coordinator**FROM:**Forms Management Unit  
(916) 657-1907 Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other

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

This notice updates your Department of Social Services County Forms Catalog.

## FORM NUMBER AND TITLE

|  |   |                                 |   |
|--|---|---------------------------------|---|
| ORDER UNIT   | <input type="checkbox"/> Free <input type="checkbox"/> Sold           | ESTIMATED PRICE                 | INITIAL SUPPLY SENT<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> New <input type="checkbox"/> Revised  | DATE OF FORM  | REPLACES                        | <input type="checkbox"/> Obsolete   |
| REQUIRED FORM-   | REQUIRED FORM-  |                                 |   |
| <input 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:<br><b>Department of Social Services Warehouse</b><br><b>P.O. Box 980788</b><br><b>West Sacramento, CA 95798-0788</b> |   | <input type="checkbox"/> OTHER: |   |

**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 \_\_\_\_\_

## USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

## ADDITIONAL INFORMATION REGARDING FORM CHANGE

# NOTIFICATION OF INCOMPLETE FOSTER FAMILY HOME APPLICATION

|                                |
|--------------------------------|
| DATE:                          |
| FOSTER FAMILY HOME NAME:       |
| FOSTER FAMILY HOME FILE NUMBER |

- This incomplete application package is being returned to you. Items in Section A must be completed and submitted as a total package.
- Your application for a license remains incomplete as we have not received the items checked below. Please forward the requested information within 30 days. If this information is not received by \_\_\_\_\_, your application will be considered withdrawn.

## SECTION A - LICENSING APPLICATION DOCUMENTS

## SECTION B - PLACEMENT MATCHING DOCUMENTS

- A1. Foster Family Home Application (LIC 283)
- A2. Applicant Information (LIC 215)  
For: \_\_\_\_\_  
NAME OF PERSON(S)
- A3. Criminal Record Statement (LIC 508)  
For: \_\_\_\_\_  
NAME OF PERSON(S)
- A4. Child Abuse Central Index (CACI) Check (LIC 198 or LIC 198A)  
For: \_\_\_\_\_  
NAME OF PERSON(S)
- A5. Fingerprint Submission  
For: \_\_\_\_\_  
NAME OF PERSON(S)
- A6. Control of Property
- A7. Verification of Completed Orientation
- A8. Emergency Plan for Foster Family Homes (LIC 610B)
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- B1. Health Screening Report (LIC 503)
- B2. Verification of completed first aid and age appropriate CPR training.
- B3. Verification of completion or enrollment in 12 hours of required foster parent training
- B4. Bacteriological Analysis of Private Water Supply (When Water for Human consumption is from a Private Source)
- B5. Local Fire Inspection Authority Information (LIC 9054)  
To be completed by the applicant(s) who intends to serve children that are non-ambulatory, disabled or require special health care needs.
- Other \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

|                                 |              |
|---------------------------------|--------------|
| LICENSING EVALUATOR'S SIGNATURE | PHONE NUMBER |
|---------------------------------|--------------|