

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 <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- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input type="checkbox"/> Recommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<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

**DOCUMENTED ALTERNATIVE PLAN
FOSTER FAMILY HOMES
(BEDROOMS)**



APPLICANT/CAREGIVER FOSTER FAMILY HOME

ADDRESS

CITY, STATE, ZIP CODE

FOSTER FAMILY HOME FILE NUMBER

Bedrooms (Section 89387(a) Discussion of Alternative Plan: _____

Name of Child

Sex

Date of Birth

Placement Worker's Name: _____ Telephone Number: _____

Did the Placement Worker approve the Documented Alternative Plan? _____ Yes _____ No

Caregiver/Applicant Signature _____ Date _____

FOR LICENSING OFFICE USE ONLY - DO NOT FILL IN BELOW

- Your request is hereby granted pursuant to the California Code of Regulations, Title 22, Division 6, Chapter 9.5

LIMITATIONS OF ALTERNATIVE PLAN:

- This alternative plan is denied based on the following: _____

Licensing Evaluator Signature/Date

Licensing Supervisor Signature/Date

Licensing Office