

**NOTICE OF FORM CHANGE NO. 03-154**

DATE

10/02/2003

**TO:**  
County Welfare Director  
Supply Clerk / Forms Coordinator

**FROM:**  
Forms Management Unit  
(916) 657-1907

Community Care Licensing District Offices  
 Private and Public Adoption Agencies

District Attorney  
 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FORM NUMBER AND TITLE LIC 300C Removal Confirmation - Rescinded

ORDER UNIT <b>MASTER ONLY</b>	<input checked="" type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> New <input checked="" type="checkbox"/> Revised	DATE OF FORM 9/03	REPLACES 7/03	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input checked="" 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: <b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <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 9/03

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Check on the internet to see if forms are available at [www.dss.cahwnet.gov](http://www.dss.cahwnet.gov)

For camera-ready copy of English form, please call the Forms Management Unit (FMU) at (916) 657-1907 or by email at: [fmudss@dss.ca.gov](mailto:fmudss@dss.ca.gov)

Date: \_\_\_\_\_

**CONFIRMATION OF REMOVAL FOR:** \_\_\_\_\_

This is to confirm that the Department of Social Services, Caregiver Background Check Bureau, informed you that the person identified above must be removed from your facility/home. The individual must be removed because his/her criminal record exemption has been rescinded.

To confirm that the individual has been removed from your facility/home, you must sign below and return the entire notice, **within five (5) days** of the date of this notice to the address below. Retain a copy of the signed notice for your records.

Regional Office: \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip Code \_\_\_\_\_

Failure to immediately remove the individual and return this notice within five (5) days will result in an assessment of civil penalties and/or a disciplinary action including suspension of your license. If you have any questions regarding this letter, you may contact your local regional office at ( ) \_\_\_\_\_.

**I declare under penalty of perjury under the laws of the State of California that I have read and understand the information contained in this affidavit and that my responses are true and correct. I confirm that the individual named above has been removed from the facility/home.**

DATE INDIVIDUAL WAS REMOVED: \_\_\_\_\_

NAME OF PERSON COMPLETING THIS FORM: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

C: \_\_\_\_\_