

NOTICE OF FORM CHANGE NO. 03-158DATE
10/10/2003**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 300B (9/03) Removal Confirmation - Denial

ORDER UNIT	<input 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 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: 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 9/03

USE FORM IN ACCORDANCE WITH

 All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Check the internet for availability at www.dss.cahwnet.govFor camera-ready copies of English form, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: 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 denied.

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 may 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: _____