

NOTICE OF FORM CHANGE NO. 03-159DATE
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 300E (9/03) Removal Confirmation-County

ORDER UNIT MASTER ONLY	<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 type="checkbox"/> Revised	DATE OF FORM 9/03	REPLACES 12/02	<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 <input checked="" type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM <input type="checkbox"/> When supply available in DSS Warehouse	<input checked="" type="checkbox"/> Use new form effective <u>9/03</u>
USE FORM IN ACCORDANCE WITH <input type="checkbox"/> All County Letter No.	<input type="checkbox"/> Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Check on the internet to see if forms are available 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 county licensing agency informed you that the person identified above must be removed from your facility/home. The individual must be removed because :

- he/she has been convicted of a crime for which an exemption cannot be granted.
- the nature of his/her criminal record information received from the Department of Justice. *(If you wish to have the individual return to your facility/home, the individual must have a criminal record exemption. To request an exemption on the individual's behalf, you must submit the information outlined in the Immediate Action Required letter sent to you.)*
- his/her criminal record exemption has been denied.
- his/her criminal record exemption has been rescinded.
- he/she was issued an Order of Exclusion.

To confirm that the individual has been removed from your facility/home, you must sign below and return the entire notice, **by** _____ to the address below. Retain a copy of the signed notice for your records.

Licensing Office: _____

Address: _____

City/State/Zip: _____

Failure to immediately remove the individual and return this notice by the date indicated above 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 this 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: _____