

NOTICE OF FORM CHANGE NO. 03-171

DATE

10/28/2003

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 **GEN 387B (10/03) Request For Regulations: Title 22, Division 6 and 12, Community Care Licensing (For Licensees, Provider Associations and Organizations Use Only)**

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 checked="" type="checkbox"/> Revised	DATE OF FORM 10/03	REPLACES 5/02	<input type="checkbox"/> Obsolete

REQUIRED FORM-

 No Change Permitted

REQUIRED FORM-

 Substitute Permitted With Prior DSS Approval Recommended Form

UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:

Department of Social Services Warehouse
P.O. Box 980788
West Sacramento, CA 95798-0788

 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 immediately.

USE FORM IN ACCORDANCE WITH

 All County Letter No. Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Attached is a Reproducible Copy

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

REQUEST FOR REGULATIONS TITLE 22, DIVISION 6 AND 12 COMMUNITY CARE LICENSING

(For Licensees, Provider Associations and Organizations Use Only)

Only *one copy* of each requested regulation will be sent.

Requestors are to use this copy to make additional copies, if needed.

DATE

Title 22, Division 6

(✓)
Check desired
regulation(s)

General Licensing Requirements	(Chapter 1)	<input type="checkbox"/>	
Social Rehabilitation Facilities	(Chapter 2)	<input type="checkbox"/>	
Adult Day Care Facilities	(Chapter 3)	<input type="checkbox"/>	
Adult Day Support Center	(Chapter 3.5)	<input type="checkbox"/>	
Small Family Homes	(Chapter 4)	<input type="checkbox"/>	
Group Homes	(Chapter 5)	<input type="checkbox"/>	
Adult Residential Facilities	(Chapter 6)	<input type="checkbox"/>	
Residential Care Facilities for the Elderly	(Chapter 8)	<input type="checkbox"/>	
Residential Care Facilities for the Chronically Ill	(Chapter 8.5)	<input type="checkbox"/>	
Foster Family Agencies	(Chapter 8.8)	<input type="checkbox"/>	
Adoption Agencies	(Chapter 9)	<input type="checkbox"/>	
Foster Family Homes	(Chapter 9.5)	<input type="checkbox"/>	<input type="checkbox"/> English <input type="checkbox"/> Spanish

Title 22, Division 12

Child Care Centers	(Chapter 1)	<input type="checkbox"/>	
Family Child Care Homes	(Chapter 3)	<input type="checkbox"/>	<input type="checkbox"/> English <input type="checkbox"/> Spanish

These regulations may also be accessed on the Internet at <http://www.cclid.ca.gov>

If you would like to receive e-mail notification of changes to the regulations, please call the Office of Regulations Development at (916) 657-2586 or e-mail us at ord@dss.ca.gov.

Send this request to:

CDSS Warehouse
Publications Unit
P.O. Box 980788
West Sacramento, CA 95798-0788

SHIP TO			
REQUESTOR'S NAME			
AGENCY NAME			
ADDRESS	(NUMBER)	(STREET)	
	(CITY)	(STATE)	(ZIP CODE)
TELEPHONE NUMBER			
()			