

**NOTICE OF FORM CHANGE NO.**

DATE
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<p><b>TO:</b>                  County Welfare Director                  Supply Clerk / Forms Coordinator</p>	<p><b>FROM:</b>                  Forms Management Unit                  (916) 657-1907</p>
<input type="checkbox"/> Community Care Licensing District Offices	<input type="checkbox"/> District Attorney
<input type="checkbox"/> Private and Public Adoption Agencies	<input type="checkbox"/> 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"/> New <input type="checkbox"/> Revised	DATE OF FORM	REPLACES	<input type="checkbox"/> Yes <input type="checkbox"/> No
REQUIRED FORM-	REQUIRED FORM-		<input type="checkbox"/> Obsolete
<input type="checkbox"/> No Change Permitted	<input type="checkbox"/> Substitute Permitted With Prior DSS Approval		<input type="checkbox"/> Recommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		<input type="checkbox"/> OTHER:	
<b>Department of Social Services Warehouse</b> <b>P.O. Box 980788</b> <b>West Sacramento, CA 95798-0788</b>			

**FORMS DISPOSITION AND SPECIAL INSTRUCTIONS**

DISPOSITION OF OLD SUPPLY	
<input type="checkbox"/> Use until exhausted	<input type="checkbox"/> Destroy
USE NEW FORM	
<input type="checkbox"/> When supply available in DSS Warehouse	<input type="checkbox"/> Use new form effective _____
USE FORM IN ACCORDANCE WITH	
<input type="checkbox"/> All County Letter No.	
<input type="checkbox"/> Other (specify)	

ADDITIONAL INFORMATION REGARDING FORM CHANGE

## DOCUMENTATION NEEDED (SR 2-DN)

### CHILD CARE & SUPERVISION

CCW: \_\_\_\_\_

- Verification of Residential Child Care Experience
- Verification of Prior Employment. Full or Part-time.
- Verification of Education
- Degree/Transcript
- Timesheet/Timecard
- Payroll Register
- Fingerprints/Association/Live Scan
- Other (List) \_\_\_\_\_

### SOCIAL WORK

Social Worker: \_\_\_\_\_

- Verification of Professional Level
- Degree/Transcript/Professional License(s)
- Timesheet/Timecard
- Payroll Register
- Proof of Payment
- Contract
- Direct Contact Contract, if applicable
- Fingerprints/Association/Live Scan
- Other (List) \_\_\_\_\_

### MENTAL HEALTH

Mental Health Professional: \_\_\_\_\_

- Verification of Professional Level
- Professional License(s)
- Proof of Payment
- Other (List) \_\_\_\_\_

SIGNATURE

DATE