

NOTICE OF FORM CHANGE NO. 04-067

DATE

03/02/2004

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 183E (12/03) - Forms Request - Small Family Homes

| | | | |
|--|---|---|--|
| 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 checked="" type="checkbox"/> New <input type="checkbox"/> Revised | DATE OF FORM 12/03 | REPLACES | <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 12/03

USE FORM IN ACCORDANCE WITH

All County Letter No.
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

Form is a Master Only.

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.

FORMS REQUEST- SMALL FAMILY HOMES

| FORM NUMBER AND TITLE <i>(Only one master copy will be sent for duplicating purposes. Please refer to our websites for additional copies of forms).</i> | (Check <input checked="" type="checkbox"/> One) | | |
|---|---|---------|------|
| | ENGLISH | SPANISH | BOTH |
| LIC 198A Child Abuse Central Index Check (For State) * | | | |
| LIC 308 Designation of Administrative Responsibility * | | | |
| LIC 309 Administrative Organization * | | | |
| LIC 400 Affidavit Regarding Client/Resident Cash Resources * | | | |
| LIC 405 Record of Client's/Resident's Safeguarded Cash Resources * | | | |
| LIC 424 Accounting Record for Change of Licensee | | | |
| LIC 500 Personnel Report * | | | |
| LIC 501 Personnel Record * | | | |
| LIC 503 Health Screening Report - Facility Personnel * | | | |
| LIC 508D Criminal Record Statement * | | | |
| LIC 601 Identification and Emergency Information * | | | |
| LIC 602 Physician's Report For Community Care Facilities | | | |
| LIC 603 Preplacement Appraisal Information | | | |
| LIC 604 Admission Agreement-Residential Facilities | | | |
| LIC 605A Release of Client/Resident Medical Information | | | |
| LIC 610C Emergency Disaster Plan * | | | |
| LIC 610B Emergency Disaster Plan - Foster Family Homes * | | | |
| LIC 621 Client/Resident Personal Property and Valuables * | | | |
| LIC 622 Centrally Stored Medication and Destruction Record * | | | |
| LIC 624 Unusual Incident/Injury Report * | | | |
| LIC 624A Death Report | | | |
| LIC 625 Appraisal/Needs and Services Plan * | | | |
| LIC 627B Consent for Emergency Medical Treatment for Children's Res * | | | |
| LIC 9108 Statement Acknowledging Requirement to Report Suspected Child Abuse * | | | |
| LIC 9158 Telecommunications Device Notification Form | | | |
| LIC 9163 Live Scan Application * | | | |
| LIC 9183 Fingerprint Instructions (For State Licensed Facilities) * | | | |
| LIC 9184 Fingerprint Instructions (For County Licensed Facilities) * | | | |
| LIC 9194 Live Scan Instructions (For State Licensed Facilities) | | | |
| FD 258 (CCL) FBI Fingerprint Card (Not available on Internet) | | | |

Licensing forms in English may be accessed at <http://www.cclد.ca.gov>
 Licensing forms in Spanish may be accessed at <http://www.cclد.ca.gov>

PLEASE PROVIDE YOUR STREET MAILING ADDRESS BELOW DO NOT USE POST OFFICE BOX

CDSS Warehouse
 P.O. Box 980788
 West Sacramento, California 95798-0788

Contains printed matter, may be opened for postal inspection. Return postage guaranteed

| | | |
|---|-------|-----|
| TO _____ | | |
| Facility Name | | |
| _____ | | |
| Facility Address | | |
| _____ | | |
| City | State | Zip |
| Check One Licensed By: <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY | | |

CUSTOMER'S PHONE NUMBER

Date _____