

**NOTICE OF FORM CHANGE NO. 04-068**

DATE

03/03/2004

**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 183F (12/03) - Forms Request - Foster Family Homes

ORDER UNIT <b>MASTER ONLY</b>	<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: <b>Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788</b>		<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](http://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](mailto:fmudss@dss.ca.gov).

### FORMS REQUEST- FOSTER 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> <i>(*Available in Spanish)</i>		(Check <input checked="" type="checkbox"/> One)		
		ENGLISH	SPANISH	BOTH
DLIC 198	Child Abuse Central Index Check (For County) *			
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 610B	Emergency Disaster Plan - Foster Family Homes *			
LIC 613B	Personal Rights *			
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 \_\_\_\_\_