

**NOTICE OF FORM CHANGE NO. 06-025**

DATE

02/07/2006

**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    **VARIOUS FORMS**

ORDER UNIT <b>MASTER ONLY</b>	<input type="checkbox"/> Free <input type="checkbox"/> Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> New <input type="checkbox"/> Revised	DATE OF FORM <b>SEE LIST</b>	REPLACES	<input type="checkbox"/> Obsolete
REQUIRED FORM- <input type="checkbox"/> No Change Permitted	REQUIRED FORM- <input type="checkbox"/> Substitute Permitted With Prior DSS Approval	<input checked="" 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 \_\_\_\_\_

USE FORM IN ACCORDANCE WITH

All County Letter No.  
 Other (specify)

ADDITIONAL INFORMATION REGARDING FORM CHANGE

ATTACHED IS A LIST OF FORMS THAT HAVE BEEN MADE MASTER ONLY. THEY WILL NO LONGER BE AVAILABLE THROUGH THE CDSS WAREHOUSE.

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). Contact Language Services for other languages at (916) 651-8876 or by electronic mail at [LTS@dss.ca.gov](mailto:LTS@dss.ca.gov).

Recommended Forms		
FORM NUMBER	FORM TITLE	REVISION DATE
LIC 102	Sanitation Inspection Request	9/99
LIC 178	Penalty Review	5/99
LIC 203A	Facility License	3/93
LIC 281C	Process Certificate	4/99
LIC 301	Reference Request	8/99
LIC 309	Administrative Organization	6/01
LIC 507	Facilities Staff Work Schedule	1/00
LIC 602	Physician's Report For Community Care Facilities	10/99
LIC 603	Preplacement Appraisal Information Residential Care Home	9/99
LIC 605A	Release Of Client/Resident Medical Information	5/00
LIC 622	Centrally Stored Medication And Destruction Record	3/99
LIC 624	Unusual Incident/Injury Report	4/99
LIC 625	Appraisal Needs And Services Plan	8/99
LIC 627B	Consent For Emergency Medical Treatment	4/00
LIC 627B ENG/SP	Consult For Medical Treatment	4/00
LIC 627C	Consent For Emergency Medical Treatment	4/00
LIC 627C ENG/SP	Consent Form Emergency Medical Treatment	4/00
LIC 627C SP	Consent Form Emergency Medical Treatment	4/00
LIC 700 ENG/SP	Identification and Emergency Information Child Care Centers	5/00
LIC 702	Child's Preadmission Health History – Parent's Report	7/99
LIC 802	Complaint Report	3/99
LIC 9040 ENG/SP	Child Care Facility Roster	7/99
LIC 9054	Local Fire Department Information Required By The Department	3/99
LIC 9060	Resident Theft And Lost Record	2/00
LIC 907	Transmittal For Processing	5/00
LIC 9098	Proof of Correction	5/00
LIC 9105	Residential Request-Health Condition Relocation	10/00
LIC 9111	Noncompliance Conference Summary	12/99
LIC 9148 ENG/SP	Earthquake Preparedness Checklist (EPC)	5/99

LIC 9148 SP	Earthquake Preparedness Checklist (EPC)	9/00
LIC 9172	Functional Capability Assessment	7/99
LIC 9172	Functional Capability Assessment	8/01
LIC 956	Facility Waiver	10/99
LIC 999	Facility Sketch	3/99