NOTICE OF FORM CHA	ANGE NO. 07-030		4/09/2007
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		FROM: Forms Manage (916) 657-1907	ment Unit
Listed below is information re	garding a form change. On	ly applicable information is shown.	
This notice updates your Calif	ornia Department of Social	Services (CDSS) County Forms Cat	alog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 279A (1/07) License Application and	English and Spanish Instructions for Family Child Care Ho	mes
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE	initial supply sent ☐ Yes ☐ No
☐ New ☐ Revised	1/07	REPLACES 12/05	☐ Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed 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: ☑ INTERNET: ☐ INTRANET:	
	FORMS DISPOSITION	ON 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 for http://www.dss.cahwnet.gov/p			

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) 651-8876 or by electronic mail at LTS@dss.ca.gov.