NOTICE OF FORM CHANGE NO. 07-071				DATE
				9/19/2007
TO: County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	FROM: Forms Ma (916) 657-	•	ut Unit
Listed below is information re	garding a form change. On	ly applicable information is show	vn.	
This notice updates your Calif	fornia Department of Socia	Services (CDSS) County Form	s Catalog	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 700 (9/07) - Identifica Care Homes	ation and Emergency Informatio	n - Child C	Care Centers/Family Child
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised	DATE OF FORM 9/07	REPLACES 5/00		Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted 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 AND SPECIAL INSTRUCTIONS				
Use until exhausted		Destroy		
USE NEW FORM ☐ When supply available in DSS Warehouse		□ Use new form effective	9/07	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE			
http://www.dss.cahwnet.gov/d	cdssweb/On-lineFor_293.h	tm#l		

Camera-ready copies are currently available on the CDSS Internet. Go to

www.dss.cahwnet.gov/cdssweb/FormsandPu_271.htm. Form information on forms not listed in the catalog, you may contact FMU at (916) 657-1907 or by e-mail at fmudss@dss.ca.gov.

Contact Language Services for other languages at (916) 651-8876 or by e-mail at LTS@dss.ca.gov.