NOTICE OF FORM CHANGE NO. 08-005		DATE
NOTICE OF FORM CHANGE NO. 00 00		01-18-2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Of District Attorney Private and Public Adoption Agencies Other	(916) 657-	nagement Unit
Listed below is information regarding a form chang	ge. Only applicable information is show	vn.
This notice updates your California Department of	f Social Services (CDSS) County Forr	ns Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE CCP 1 (1/08) Declaration Of Exe	emption From Trustline Registration A	nd health And Safety Self-Certification
ORDER UNIT MASTER ONLY Free So	ESTIMATED PRICE	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised DATE OF FORM 1/08	REPLACES 10/98	Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted	ermitted 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:	
	OSITION AND SPECIAL INSTRUCTION	DNS
Use until exhausted	⊠ Destroy	
USE NEW FORM When supply available in DSS Warehouse		2-1-08
USE FORM IN ACCORDANCE WITH All County Letter No. 08-04 Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.des.cahwnet.gov/cdesweb/entres/form.	e/English/CCP1 PDF	

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.