NOTICE OF FORM CHANGE NO. 08-012						DATE	
						1/25/2008	
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Ma (916) 657-		nt Unit	
Listed below is information re	garding a form	n change. On	ly applica	ble information is show	vn.		
This notice updates your Cal	ifornia Departr	ment of Socia	al Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE			–				
FORM NUMBER, REVISION DATE AND TILE	LIC 9029A (1/08) - Statei	ment of F	acts Summary Sheet			
RDER UNIT			ESTIMATED PRICE		INITIAL SUPPLY SENT		
MASTER ONLY Sold					🗌 Yes 🛛 No		
🗌 New 🛛 Revised	DATE OF FORM 1/08		REPLACES			Obsolete	
REQUIRED FORM-							
No Change Permitted	Substi	tute Permitte	-	ior DSS Approval		commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788			OTH	ER:			
			INTERNET:				
West Sacramento, CA 95798-0788				RANET:			
	FORMS	DISPOSITIO	N AND S	PECIAL INSTRUCTIO	ONS		
DISPOSITION OF OLD SUPPLY				atro.			
				stroy			
E NEW FORM When supply available in DSS Warehouse			\Box Use new form effective $\frac{1}{08}$		1/08		
All County Letter No.							
Other (specify)							
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE						

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC9029A.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.