NOTICE OF FORM CHANGE NO. 08-019				1/30/2008
TO: County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	FROM: Forms M (916) 65	lanagemer 7-1907	≘ ∍nt Unit
Listed below is information re	garding a form change. On	nly applicable information is sh	own.	
This notice updates your Cal	ifornia Department of Socia	al Services (CDSS) County Fo	rms Catalog	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 627B (1/08) Consent for Emergency	Medical Treatment - Children's	s Residentia	l Facilities
ORDER UNIT MASTER ONLY Free Sold		ESTIMATED PRICE		INITIAL SUPPLY SENT
WASTER UNLY	DATE OF FORM	REPLACES		☐ Yes ⊠ No
□ New	1/08	4/00		Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Prior DSS Approval	Rec	ommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		OTHER:		
		☐ INTRANET:	INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCT	TONS	
Use until exhausted		☐ Destroy		
USE NEW FORM When supply available in DSS Warehouse		□ Use new form effective	1/08	
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR				
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Engl	lish/LIC627B.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.