NOTICE OF FORM CHANGE NO. 08-022				DATE
				2/04/2008
County Welfare Dir Supply Clerk / Forr Community Care L District Attorney Private and Public Other	ns Coordinator icensing District Offices	FROM: Forms Ma (916) 657		nt Unit
Listed below is information re	garding a form change. Or	nly applicable information is sho	wn.	
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County For	ms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 282 (1/08) Affidavit Regarding Liabi	ility Insurance For Family Child	Care Hom	e
ORDER UNIT				INITIAL SUPPLY SENT
MASTER ONLY				☐ Yes
☐ New ☐ Revised	DATE OF FORM 1/08	REPLACES 6/99		Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Prior DSS Approval	Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		OTHER:		
		☐ INTERNET:		
		☐ INTRANET:	☐ INTRANET:	
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTI	ONS	
Use until exhausted		☐ Destroy		
USE NEW FORM When supply available in DSS Warehouse		⊠ Use new form effective	2/08	
USE FORM IN ACCORDANCE WITH				
All County Letter No.				
Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR				
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Eng	lish/LIC282.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.