NOTICE OF FORM CHANGE NO. 08-023		DATE
		2/08/2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Office District Attorney Private and Public Adoption Agencies Other	(916) 657	anagement Unit -1907
Listed below is information regarding a form change.	. Only applicable information is sho	wn.
This notice updates your California Department of S	Social Services (CDSS) County For	ms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE LIC 701 (1/08) - Phys	sician's Report - Child Care Center	5
ORDER UNIT	ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY Free Sold		☐ Yes ⊠ No
☐ New ☐ Revised ☐ DATE OF FORM 1/08	PREPLACES 9/07	☐ Obsolete
REQUIRED FORM- No Change Permitted □ Substitute Permitted □ Substi	nitted 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 DISPOS	ITION AND SPECIAL INSTRUCTI	ONS
DISPOSITION OF OLD SUPPLY 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 FORM CHANGE		
http://www.dss.cahwnet.gov/cdssweb/entres/forms/E	English/LIC701.pdf	
Document has two pages to print.		

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.