NOTICE OF FORM CHANGE NO. 08-025				DATE	
				2/08/2008	
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 show	wn.		
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 995 (1/08) Child Care Center - Noti	fication of Parents' Rights			
DER UNIT ESTIMATED PRICE			INITIAL SUPPLY SENT		
MASTER ONLY	⊠ Free ☐ Sold			☐ Yes ⊠ No	
☐ New ☐ Revised	DATE OF FORM 1/08	REPLACES 12/06		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:			
		☐ INITEDNIET:	☑ INTERNET: ☐ INTRANET:		
		INTRANET:			
	FORMS DISPOSITION	ON AND SPECIAL INSTRUCTION	ONS		
DISPOSITION OF OLD SUPPLY 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	RM CHANGE				
http://www.dss.cahwnet.gov/	cdssweb/entres/forms/Eng	lish/LIC995.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.