NOTICE OF FORM CHANGE NO. 08-026					DATE	
			2/08/2008			
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Management Unit (916) 657-1907			
Listed below is information re	garding a form change. Or	nly applica	ble information is show	vn.		
This notice updates your Cal	ifornia Department of Socia	al Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 995A (1/08) Family Child Care Home	e - Notifica	tion of Parents' Rights			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ⊠ Revised	DATE OF FORM 1/08	REPLACES 12/06			Obsolete	
REQUIRED FORM-	REQUIRED FORM-					
No Change Permitted No Change Permitted	Substitute Permitte			Rec	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT:		OTH	OTHER:			
Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			RNET:			
			RANET:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	NS		
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/Engl	lish/LIC99	5A.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.