NOTICE OF FORM CHANGE NO. 08-027			DATE
			2/08/2008
			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 Manager (916) 657-1907	
Listed below is information regarding a form change. Only applicable information is shown.			
This notice updates your Cal	ifornia Department of Socia	al Services (CDSS) County Forms Cat	talog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 995B (1/08) - Fami (Regarding Removal/Exc	lly Child Care Home Addendum to No clusion)	tification of Parents' Rights
ORDER UNIT		ESTIMATED PRICE	INITIAL SUPPLY SENT
MASTER ONLY	⊠ Free ☐ Sold		☐ Yes ⊠ No
☐ New ☐ Revised	1/08	FEPLACES 5/03	Obsolete
REQUIRED FORM- REQUIRED FORM-			
No Change Permitted ☐ Substitute Permitted 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 DISPOSITION AND SPECIAL INSTRUCTIONS			
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy	
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 2/08	3
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	ish/LIC995B.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.