NOTICE OF FORM CHANGE NO. 08-028				DATE
				2/08/2008
				2/08/2008
TO:  County Welfare Dir Supply Clerk / Forn Community Care L District Attorney Private and Public Other	FROM: Forms Ma (916) 657	anagemer 7-1907	nt Unit	
Listed below is information re	garding a form change. On	ly applicable information is sho	wn.	
This notice updates your Cal	ifornia Department of Socia	al Services (CDSS) County For	ms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 995C (1/08) - Fami (Regarding Reinstateme	ily Child Care Home Addendun nt)	n to Notifica	ation of Parents' Rights
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT  ☐ Yes  ☐ No
☐ New ☐ Revised	DATE OF FORM 1/08	REPLACES 3/01		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:		
	FORMS DISPOSITION	N 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	2/08	
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR		ish/LIC995C PDF		

nttp://www.ass.canwnet.gov/cassweb/entres/forms/English/LiC995C.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.