NOTICE OF FORM CH	ANGE NO. 08-029			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		(916) 657	anagemen 7-1907	
Listed below is information re	egarding a form change. O	nly applicable information is sho	wn.	
This notice updates your Ca	lifornia Department of Soc	ial Services (CDSS) County For	ms Catalog	(PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9185 (1/08) Foster Family Agency C	Certified Home		
MASTER ONLY		ESTIMATED PRICE		INITIAL SUPPLY SENT
	DATE OF FORM	REPLACES 4/01		
REQUIRED FORM-	REQUIRED FORM-	ted With Prior DSS Approval		ommended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		<ul> <li>□ OTHER:</li> <li>☑ INTERNET:</li> <li>□ INTRANET:</li> </ul>		
	FORMS DISPOSITI	ON AND SPECIAL INSTRUCTI	ONS	
DISPOSITION OF OLD SUPPLY		Destroy		
USE NEW FORM		Solution Use new form effective	2/08	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)				
ADDITIONAL INFORMATION REGARDING FC				
http://www.dss.cahwnet.gov/	/cdssweb/entres/forms/Eng	glish/LIC9185.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.