NOTICE OF FORM CHANGE NO. 08-030				DATE
				2/08/2008
TO: 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. On	ly applicable information is show	vn.	
This notice updates your Cal	ifornia Department of Socia	al Services (CDSS) County Forn	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9150 (1/08) Parent Notification - Add	itional Children in Care		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No
☐ New ☐ Revised	DATE OF FORM 1/08	REPLACES 3/05		Obsolete
REQUIRED FORM- No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form				
No Change Permitted □ Substitute Permitte UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788		☐ OTHER: ☐ INTERNET: ☐ INTRANET:		ommended Form
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	
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)				
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/o		ish/LIC9150.PDF		

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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.