NOTICE OF FORM CHANGE NO. 08-031		DATE
		2/08/2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District C District Attorney Private and Public Adoption Agencie Other	(916) 65	anagement Unit 7-1907
Listed below is information regarding a form char	nge. Only applicable information is sho	own.
This notice updates your California Department	of Social Services (CDSS) County Fo	rms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE LIC 9221 (1/08) Parent Consent for	or Administration of Medications and M	Medication Chart
	estimated price	INITIAL SUPPLY SENT ☐ Yes ☐ No
☐ New ☐ Revised ☐ 1/08	REPLACES 6/05	☐ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- Substitute F	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 DISP	OSITION AND SPECIAL INSTRUCT	ONS
Use until exhausted	Destroy	
USE NEW FORM When supply available in DSS Warehouse		2/08
USE FORM IN ACCORDANCE WITH ☐ All County Letter No. ☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE http://www.dss.cahwnet.gov/cdssweb/entres/form	ns/English/LIC9221.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.