NOTICE OF FORM CHANGE NO. 08-034					DATE
					3/04/2008
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			<b>FROM:</b> Forms Ma (916) 657		nt Unit
Listed below is information re	garding a form change. Or	nly applica	ble information is show	wn.	
This notice updates your Cal	ifornia Department of Soci	al Service	s (CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 283A SP (12/07) Fo	ster Famil	y Home Application In	structions	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT
☐ New ☐ Revised	DATE OF FORM 12/07	REPLACES 1/03			Obsolete
REQUIRED FORM-  No Change Permitted	REQUIRED FORM-  Substitute Permitte	ed With Pr	ior 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:			
			PECIAL INSTRUCTION	)NS	
DISPOSITION OF OLD SUPPLY	TORMS DISPOSITIO	JN AND 3	FECIAL INSTRUCTION	JN3	
Use until exhausted		□ Destroy			
use NEW FORM ☐ When supply available in DSS Warehouse		☐ Use new form effective imm		immedi	ate
□ All County Letter No. □ Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/o		nish/LIC28	83ASP.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.