NOTICE OF FORM CHANGE NO. 08-039						DATE 3/06/2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Management Unit (916) 657-1907		
Listed below is information re	garding a forr	n change. On	ly applica	ble information is sho	wn.	
This notice updates your Cal	ifornia Depar	ment of Socia	al Service	s (CDSS) County For	ms Cataloo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE LIC 627B SP (1/08) Consent for Emergency Medical Treatment - Children's Residential Facilities						
				STIMATED PRICE		
MASTER ONLY	Free Free	Sold				🗌 Yes 🛛 No
🗌 New 🛛 Revised	DATE OF FORM 1/08		REPLACES 4/00			Obsolete
REQUIRED FORM-	REQUIRED FC	RM-				
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form						
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788				ER: ERNET:		
West Sacramento, CA 95798-0788						
FORMS DISPOSITION AND SPECIAL INSTRUCTIONS						
DISPOSITION OF OLD SUPPLY				stroy		
USE NEW FORM			$\boxtimes$ Use new form effective imme		immedia	ate
All County Letter No. Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/Spanish/LIC627BSP.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.