NOTICE OF FORM CHANGE NO. 08-103				DATE	
				7/17/2008	
TO: County Welfare Dir Supply Clerk / Forn Community Care Li District Attorney Private and Public of Other	ns Coordinator icensing District Offices	FROM: Forms M (916) 65	lanagemei 7-1907	nt Unit	
Listed below is information re-	garding a form change. Or	nly applicable information is sh	own.		
This notice updates your Cal	ifornia Department of Soci	al Services (CDSS) County Fo	orms Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 200 (7/08) Application For A Comm	nunity Care Facility or Resident	tial Care Fa	cility for the Elderly License	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE		INITIAL SUPPLY SENT Yes No	
☐ New ☐ Revised	DATE OF FORM 7/08	REPLACES 12/07		☐ Obsolete	
REQUIRED FORM- 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 West Sacramento, CA 95798-0788		☐ OTHER: ☑ INTERNET: ☐ INTRANET:			
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	7/08		
USE FORM IN ACCORDANCE WITH					
☐ All County Letter No.☐ Other (specify)					
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE				
http://www.dss.cahwnet.gov/d	http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC200.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.