NOTICE OF FORM CHANGE NO. 08-104		DATE
		7/28/2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manageme (916) 657-1907	nt Unit
Listed below is information regarding a form change. On	ly applicable information is shown.	
This notice updates your California Department of Socia	al Services (CDSS) County Forms Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE SOC 414 (8/93) Level of Care Assessme	nt	
MASTER ONLY	ESTIMATED PRICE	
New Revised 8/93	REPLACES	⊠ Obsolete
REQUIRED FORM- No Change Permitted REQUIRED FORM- REQUIRED FORM- Substitute Permittee	ed With Prior DSS Approval	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:	
FORMS DISPOSITIO	N AND SPECIAL INSTRUCTIONS	
DISPOSITION OF OLD SUPPLY	Destroy	
USE NEW FORM	Use new form effective	
 All County Letter No. Other (specify) 		
ADDITIONAL INFORMATION REGARDING FORM CHANGE		
Form has been obsoleted.		

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.