NOTICE OF FORM CHANGE NO. 08-105					DATE
					8/25/2008
County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other			FROM: Forms Ma (916) 657-		nt Unit
Listed below is information reg	garding a form change. On	ly applicab	ole information is show	vn.	
This notice updates your Calif	fornia Department of Socia	al Services	(CDSS) County Form	ns Cataloç	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 282 (8/08) Affidavit Regarding Liabi	lity Insuran	ice for Family Child C	are Home	
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT ☐ Yes ☐ No
	DATE OF FORM 8/08	REPLACES 1/08			Obsolete
REQUIRED FORM- No Change Permitted	REQUIRED FORM- Substitute Permitte	ed With Pri	or DSS Approval	Rec	ommended 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	N AND SF	PECIAL INSTRUCTION	DNS	
DISPOSITION OF OLD SUPPLY Use until exhausted		Destroy			
USE NEW FORM When supply available in DSS Warehouse		☐ Use new form effective 8/08		8/08	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)					
ADDITIONAL INFORMATION REGARDING FORM http://www.dss.cahwnet.gov/ca		ish/LIC282	2.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.