NOTICE OF FORM CHANGE NO. 08-107					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 Management Unit (916) 657-1907			
Listed below is information re	garding a form change. Or	nly applica	ble information is show	/n.		
This notice updates your Cal	ifornia Department of Socia	al Service	s (CDSS) County Form	ns Catalog	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 624B (8/08) Unusual Incident/Injury F	Report - Fa	amily Child Care Home)		
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT ☐ Yes ☐ No	
☐ New ☐ Revised	DATE OF FORM 8/08	REPLACES 1/08			Obsolete	
REQUIRED FORM-	REQUIRED FORM-	- I Marile D	DOO A		d. d.E	
No Change Permitted ☐ Substitute Permitted			• •	Rec	ommended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse			OTHER:			
P.O. Box 980788		⊠ INTERNET:				
West Sacramento, CA 95798-0788			☐ INTRANET:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	NS		
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 FOR	RM CHANGE					
http://www.dss.cahwnet.gov/	cdssweh/entres/forms/Engl	lich/LIC62	AR 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.