NOTICE OF FORM CHANGE NO. 08-109					date 8/25/2008	
TO: 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 re	garding a form change. O	nly applica	ble information is show	vn.		
This notice updates your Ca	lifornia Department of Soc	ial Service	s (CDSS) County Forn	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 702 (8/08) Child's Preadmission He	ealth Histo	ry - Parent's Report			
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED	ESTIMATED PRICE		INITIAL SUPPLY SENT	
New Revised	DATE OF FORM 8/08	REPLACES 1/08			Obsolete	
REQUIRED FORM-	REQUIRED FORM-	ted With Pr	ior DSS Approval	Rec	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788			ER: RNET:			
			INTRANET:			
	FORMS DISPOSITI	ON AND S	PECIAL INSTRUCTIO	ONS		
DISPOSITION OF OLD SUPPLY		stroy				
USE NEW FORM		⊠ Us	Use new form effective		8/08	
USE FORM IN ACCORDANCE WITH						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC702.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.