NOTICE OF FORM CHANGE NO. 08-111					DATE	
					8/25/2008	
					0/25/2000	
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	egarding a form change. O	nly applical	ble information is show	vn.		
This notice updates your Ca					a (PLIR 60)	
======================================	Electrical Department of Good	iai ocivioco	3 (OBOO) County 1 on	no Oatalo	g (1 OB 00).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 995B (8/08) Family Child Care Home	e - Addend	um to Notification of F	'arents' Ri	ights	
ORDER UNIT		ESTIMATED PRICE			INITIAL SUPPLY SENT	
MASTER ONLY					☐ Yes ☐ No	
☐ New ☐ Revised	DATE OF FORM 8/08	REPLACES 1/08		Obsolete		
REQUIRED FORM-	REQUIRED FORM-					
No Change Permitted	Substitute Permitt			Red	commended Form	
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse			OTHER:			
P.O. Box 980788			RNET:			
West Sacramento, CA 95798-0788			ANET:			
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	ONS		
ISPOSITION OF OLD SUPPLY Use until exhausted		☐ Des	troy			
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 FO	RM CHANGE					
http://www.dss.cahwnet.gov/		alish/LIC99!	5B.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.