| NOTICE OF FORM CHANGE NO. 08-113 | | | | | 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. | Only applica | ble information is show | vn. | | |
| This notice updates your Cal | lifornia Department of Sc | ocial Service | s (CDSS) County Forn | ns Catalo | g (PUB 69). | |
| FORM NUMBER, REVISION DATE AND TITLE | LIC 9185 (8/08) Foster Famliy Agency | Certified Ho | ome | | | |
| | | ESTIMATED | PRICE | | | |
| MASTER ONLY | Free Sold | | | | 🗌 Yes 🛛 No | |
| 🗌 New 🛛 Revised | DATE OF FORM 8/08 | REPLACES | | | Obsolete | |
| REQUIRED FORM- | REQUIRED FORM- | | | | | |
| 🔀 No Change Permitted | Substitute Perm | itted 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: | | | |
| | | | | | | |
| | | | | | | |
| | FORMS DISPOSI | | | ONS | | |
| | | | | | | |
| Use until exhausted | | | stroy | | | |
| ISE NEW FORM | | Use | \boxtimes Use new form effective 8/0 | | | |
| | | | | | | |
| All County Letter No. | | | | | | |
| Other (specify) | | | | | | |
| ADDITIONAL INFORMATION REGARDING FOR | RM CHANGE | | | | | |

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC9185.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.