NOTICE OF FORM CHANGE NO. 08-119		DATE
		9/04/2008
TO:  County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other	FROM: Forms Manager (916) 657-1907	ment Unit
Listed below is information regarding a form change. Or	nly applicable information is shown.	
This notice updates your California Department of Soci	al Services (CDSS) County Forms Cat	alog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE LIC 701 (8/08) Physician's Report - Chil	ld Care Centers	
ORDER UNIT  MASTER ONLY  ☐ Free ☐ Sold	ESTIMATED PRICE	initial supply sent ☐ Yes ⊠ No
□ New □ Revised 8/08	1/08	☐ Obsolete
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permittee	ed With Prior DSS Approval	Recommended 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 AND SPECIAL INSTRUCTIONS		
DISPOSITION OF OLD SUPPLY  Use until exhausted	☐ Destroy	
USE NEW FORM  ☐ When supply available in DSS Warehouse	☑ Use new form effective 8/08	3
USE FORM IN ACCORDANCE WITH  ☐ All County Letter No. ☐ Other (specify)		
ADDITIONAL INFORMATION REGARDING FORM CHANGE  http://www.dss.cahwnet.gov/cdssweb/entres/forms/Eng	lish/LIC701.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.