NOTICE OF FORM CHANGE NO. 08-120					
					DATE
					9/05/2008
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. Or	nly applica	ble information is show	vn.	
This notice updates your Cal	lifornia Department of Socia	al Service	s (CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 995C (8/08) - Family (Regarding Reinstateme		re Home Addendum to	Notificat	ion of Parents' Rights
			STIMATED PRICE		INITIAL SUPPLY SENT
MASTER ONLY ☐ Free ☐ Sold					☐ Yes ⊠ No
☐ New ☐ Revised	DATE OF FORM 8/08	1/08			Obsolete
REQUIRED FORM-	REQUIRED FORM-				
No Change Permitted ■	Substitute Permitte		• •	Red	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788		OTH	ER:		
		☑ INTERNET:			
West Sacramento, CA 95798-0788			☐ INTRANET:		
	FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	ONS	
SPOSITION 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/	cdssweb/entres/forms/Engl	lish/LIC99	5C.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.