NOTICE OF FORM CHANGE NO. 08-140						DATE 12/30/2008
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other				FROM: Forms Management Unit (916) 657-1907		
Listed below is information re	garding a forr	n change. On	ly applica	ble information is show	wn.	
This notice updates your Cal	lifornia Depart	ment of Socia	al Service	s (CDSS) County Forr	ns Catalo	g (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 627A (9/08) Consen	t To A Me	edical Examination		
			ESTIMATED PRICE			
MASTER ONLY Free Sold						🗌 Yes 🛛 No
🗌 New 🛛 Revised	DATE OF FORM 9/08		REPLACES 1/08			Obsolete
REQUIRED FORM-	REQUIRED FC	RM-				
🖂 No Change Permitted	Subs ⁻	titute Permitte	d With Pr	ior DSS Approval	Rec	commended Form
UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788			OTH			
West Sacramento, CA 95798-0788				RANET:		
	FORMS	DISPOSITIO	N AND S	PECIAL INSTRUCTION	ONS	
Use until exhausted						
USE NEW FORM			⊠ Use new form effective immed		immedi	ate
USE FORM IN ACCORDANCE WITH						
Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR	RM CHANGE					

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC627A.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.