NOTICE OF FORM CHANGE NO. 08-141						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 Ma (916) 657			
Listed below is information re	garding a form	n change. On	ly applica	ble information is show	wn.		
This notice updates your Ca	lifornia Departr	ment of Socia	al Service	s (CDSS) County Forr	ns Catalo	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE		/08) Consen esidential Fa		ergency Medical Trea	tment -		
RDER UNIT MASTER ONLY			ESTIMATED PRICE				
	DATE OF FORM		REPLACES 1/08			Yes ⊠ No Obsolete	
REQUIRED FORM-	REQUIRED FOF		d 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			OTHER: INTERNET: INTRANET:				
	FORMS	DISPOSITIO	N AND S		ONS		
DISPOSITION OF OLD SUPPLY				stroy			
USE NEW FORM			Use new form effective		immedi	immediate	
USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)							
ADDITIONAL INFORMATION REGARDING FO	RM CHANGE						

http://www.dss.cahwnet.gov/cdssweb/entres/forms/English/LIC627B.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.