NOTICE OF FORM CHANGE NO. 09-003					DATE 2/27/2009	
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. On	ly applica	ble information is show	vn.		
This notice updates your Cal	ifornia Department of Socia	al Service	s (CDSS) County Forn	ns Catalog	g (PUB 69).	
FORM NUMBER, REVISION DATE AND TITLE	LIC 279 (2/09) Application For A Family	Child Ca	re Home License			
ORDER UNIT MASTER ONLY	⊠ Free ☐ Sold	ESTIMATED PRICE			INITIAL SUPPLY SENT  ☐ Yes  ☐ No	
☐ New ☐ Revised	DATE OF FORM 2/09	REPLACES 5/08			Obsolete	
REQUIRED FORM-  No Change Permitted  REQUIRED FORM-  Substitute Permitted 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						
□ Use until exhausted		☐ Des	stroy			
USE NEW FORM  When supply available in DSS Warehouse			e new form effective	2/09		
USE FORM IN ACCORDANCE WITH  All County Letter No.  Other (specify)						
ADDITIONAL INFORMATION REGARDING FOR http://www.dss.cahwnet.gov/o		ish/LIC27	9.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.