NOTICE OF FORM CH	ANGE NO. 09-013		date 4/23/2009
TO: County Welfare Director Supply Clerk / Forms Coordinator Community Care Licensing District Offices District Attorney Private and Public Adoption Agencies Other		(916) 6	Management Unit 57-1907
Listed below is information re	garding a form change. O	nly applicable information is a	hown.
This notice updates your Cal	ifornia Department of Soc	ial Services (CDSS) County I	Forms Catalog (PUB 69).
FORM NUMBER, REVISION DATE AND TITLE	LIC 9098 (4/09) Proof of Correction(s)		
ORDER UNIT MASTER ONLY	Free Sold	ESTIMATED PRICE	INITIAL SUPPLY SENT
🗌 New 🛛 Revised	date of form 4/09	REPLACES 3/00	Obsolete
REQUIRED FORM-	REQUIRED FORM-	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 9579	8-0788		
DISPOSITION OF OLD SUPPLY	FORMS DISPOSITI	ON AND SPECIAL INSTRUC	TIONS
Use until exhausted		Destroy	
ISE NEW FORM		⊠ Use new form effectiv	e immediately
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/English/LIC9098.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.